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Santénét Annual Workplan

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List of Acronyms

ACT	Artemisinin-based Combination Therapy
ADRA	Adventist Development and Relief Agency
ANC	Antenatal consultations
ARI	Acute Respiratory Infections
CBD	Community-based distribution
CBDA	Community-based distribution agents
CBHC	Community-based Health Center
CCM	Country Coordinating Mechanism
CNLP	National Malaria Control Policy CNLP
CPR	Condom prevalence rate
DHS	Demographic Health Survey
DQS	Data Quality Self-Assessment
EMAD	District Management Team
EMC	Essential Medical Coverage
ENA	Essential Nutrition Actions
EONC	Emergency Obstetrical and Neonatal Care
EPI	Expanded Program on Immunization
ES/NACC	Executive Secretariat of the National AIDS Control Committee
FHD	Family Health Division
FP/RH	Family Planning/Reproductive Health
FPC	Focused Prenatal Care
FPC/PMP	Focused Prenatal Care/Prevention of Malaria During Pregnancy
GED	Generic Essential Drugs
GOM	Government of Madagascar
GTZ	German Technical Cooperation Agency
HCMC	Health Communication and Mobilization Committee
HCP	Health Communication Partnership
HMIS	Health Information and Management System
IACC	EPI Inter-Agency Coordination Committee
IEC/BCC	Information Education Communication/Behavior Change Communication
IECSMU	IEC and Social Mobilization Unit
IECSMU	MOH/FP's IEC and Social Mobilization Unit
IHAA	International HIV/AIDS Alliance
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Presumptive Treatment
IR	Intermediate Result
IRH	Institute for Reproductive Health
ITN	Insecticide-Treated Nets

KM	<i>Kôminina Mendrika</i> (Champion Commune)
LTPM	Long-Term Permanent Methods
MAC	Malaria Coalition Action Project
MAR	Monthly Activity Report
MCU	MOH/FP's Malaria Control Unit
MIS	Management Information System
MOH/DHS	District Health Services
MOH/FP	Ministry of Health and Family Planning
NCHP	National Child Health Policy
NCPH	National Contracting Policy for Health
NGO	Non Governmental Organizations
NHP	National Health Policy
NIPCH	National Institute of Public and Community Health
NNAP	National Nutrition Action Plan
NNO	National Nutrition Office
NNP	National Nutrition Policy
PMP	Performance Monitoring Plan
PNP	Protocols, Norms and Procedures
PQI	Performance and Quality Improvement
PSI	Population Services International
PTI	Para-medical Training Institution
RBM	Roll Back Malaria
RDT	Rapid Diagnosis Test
RED	Reach Every District
RHD	Regional Health Directorate
SDM	Standard Days Method
SM	Safe Motherhood
SP	Sulfadoxine pyrimethamine
STI	Sexually-Transmitted Infection
TOT	Training of Trainers
WHO	World Health Organization

Executive Summary

The Santénet October 2005-September 2006 Annual Workplan consolidates the assessment of the past year's accomplishments, presents the lessons learned, and reviews the strategic goal and targets of the project. Employing a strategy which commits Santénet to build on existing USAID investments, complement other USAID activities and use all opportunities to leverage other donor funds, the work plan sets out key areas where project resources and efforts will focus to meet the project's overall goal to increase the use of priority health products and services and improve the quality and provision of services.

Santénet's interventions occur at three levels: at the national level, working with the Ministry of Health and its departments, the local health center level to ensure quality service provision and adequate supplies, and at the community/household level to increase demand for health services. It is important to note that all these national and community-level activities will be implemented in coordination with the intermediate levels of the provinces, regions and districts.

This workplan is structured differently than the workplan for the first year, presenting the activities by technical focus areas as well as by USAID's Intermediate Results (IRs). The expression of our activities in technical areas does not add more activities to the project, but rather it restructures them to better reflect USAID's and the Ministry of Health's technical foci and organizational structure.

Strategic Interventions

Santénet's technical focus areas are Family Planning/Reproductive Health (FP/RH), Child Health, Malaria and HIV/AIDS/STIs.

Within **FP/RH**, Santénet's contributions include support to the roll-out of the Equity Fund, development of a national FP communication strategy, building local capacity in logistics, finance, and data-for-decision-making, and a large-scale expansion of community-based distribution of FP products.

For the area of **child health**, Santénet will support the development of national nutritional policies and departments, the launch of National Child Health Week, and the revision of tools to improve integrated management of childhood illnesses and essential actions for nutrition.

Santénet's support to combat **malaria** for 2005-2006 includes the introduction of a new malaria treatment protocol, participation in the Roll Back Malaria partnership, and scaling up efforts to prevent malaria during pregnancy.

In the fight against **HIV/AIDS and STIs**, Santénet will support the National AIDS Control Committee in implementing its condom programming strategy, the roll-out and adaptation of the Ankoay approach to mobilize young people, and initiating a workplace-based response to HIV/AIDS in the private sector.

Cutting across all Santénet's technical focus areas are the **Kôminina Mendrika** (KM) and **Performance and Quality Improvement** (PQI) approaches. These strategies act as the platform for Santénet's interventions at the community level, respectively mobilizing the community to increase demand for services and working with service providers to ensure quality health service delivery.

Specific Objectives

Santénet's activities also directly contribute to the achievement of the four Intermediate Results of USAID's Strategic Plan for Health. Illustrative activities are listed below.

Santénet will contribute to **Increasing the Demand for Priority Health Products and Services (IR1)** by scaling up best practices for community mobilization (*Kôminina Mendrika*, *Tanàna Mendrika*), supporting the Ministry of Health's capacity to effectively coordinate health communications, launching Child Health Week, and mobilizing youth in the fight against HIV/AIDS.

Increasing the Availability of Priority Health Products and Services (IR2) will be achieved by strengthening the logistics systems, expanding networks of social marketing product wholesalers and retailers, increasing distant populations' access to services and products, increasing the nutritional value of agricultural products, and improving the management of water for agriculture and homes.

Reaching **Improved Quality in Providing Services (IR3)** will require the application of rules and standards in public and private sector health services, particularly in the areas of reproductive and child health, improving providers' ability to offer quality health services by enhancing pre-service and in-service training, and putting quality assurance operating models in place through use of the PQI approach and improved supervision.

Strengthening Institutional Capacities (IR4) will be accomplished through reinforcing the collection and use of data for decision making by rolling out the Health Information and Management System (HMIS), expanding access to health information through the chartbook, increasing civil society capacity to advocate for health through the religious leaders' platform.

This document is the result of the continuous feedback from all Santénet partners in the public and private sectors, based on the productive professional relationships developed since the project start-up. We hope that the activities faithfully reflect the needs and ideas expressed by our partners over the course of the past 12 months.

Document Structure

The document is organized into four major parts, comprising 11 sections. It presents: 1) the accomplishments of the past year, 2) the technical contributions envisioned for the project, 3) the road map for contributing to USAID's intermediate results, and 4) the management activities which underpin the project.

Section I contains highlights from Santénet's accomplishments during its first year of implementation, providing the context for the 2005-2006 workplan. The subsequent sections (Section II-V) outline the strategic interventions in each of Santénet's four technical focus areas (family planning/reproductive health, child health, malaria, and HIV/AIDS/STIs) at the three levels at which Santénet operates. Sections VI-IX describe activities for each of the four intermediate results of the project. Each intermediate result includes a list of activities outlining the objective of the activity, its description, the principal completion indicator of the activity, the means by which the project will verify completion, and the technical assistance required to carry it out. Section X describes the project management activities and includes an outline of the schedule, resources and partners required to perform them.

The table in Section XI provides a matrix which shows how the strategic interventions for the four technical focus areas contribute to the achievement of the four intermediate results at the national, service provider, and community level.

I. Major Achievements in 2004 – 2005

Section I briefly summarizes Santénét's achievements from its first year of operations in the areas of family planning and reproductive health (FP/RH), child health, malaria and HIV/AIDS, as well as achievements in social mobilization and improvements in service delivery through the *Kôminina Mendrika* (KM) and Performance and Quality Improvement (PQI) approaches (for more details on these achievements please refer to the annual report).

Family Planning/Reproductive Health (FP/RH)

Relocation of the national family planning strategy. Madagascar is, along with Mali, one of the two African countries that have begun to reinvigorate its national family planning program, beginning by revamping its national strategy. This achievement results from a series of activities led by the Ministry of Health and Family Planning (MOH/FP) and supported by Santénét, including workshops on FP strategy-related topics, a National Conference on the national FP strategy, and the actual development of the National Family Planning (FP) Strategy. The Strategy is part of the road map to Safe Motherhood (SM) which is also benefiting from Santénét's technical support.

Contraceptive security. To support the contraceptive security strategy, Santénét provided training to MOH/FP and partners on the use of Pipeline, a software program designed to facilitate decision making for contraceptive orders. Santénét also provided technical support to the FP partner¹ in drafting the 2005 contraceptive procurement plan. To increase the availability of contraceptives across the country, Santénét also supported the design and production of a tool to assess District Health Services' (SSD) performance in integrating contraceptive commodities. Furthermore, Santénét supported the training of community players on the management of funds generated by the sales of contraceptives and Generic Essential Drugs (GED) and assisted in the expansion of supply, especially in rural areas, by training more than 1,800 community-based sellers.

Update of Reproductive Health/Family Planning (RH/FP) norms and standards. The MOH/FP's decision to update the National RH policy's norms and protocols has progressed with Santénét's support. This year, the MOH/FP, along with its chosen lead agency, the National Institute of Public and Community Health (INSPC), has defined the agenda for updating the RH policy, selected the members of the National Expert Group, and drawn up the terms of reference for developing the policy. In August, a planning and consensus-building workshop for the update of RH/FP norms and standards was held in parallel with the drafting of the National RH Policy. Santénét will continue to support the process until dissemination of the final document.

Child Health

Drafting of the National Child Health Policy (NCHP). Santénét provided technical and financial support for preparatory workshops, drafting the policy document, and for meetings to present and receive public feedback. The policy addresses all aspects of child health, from scaling up disease prevention strategies and treatment protocols to assisting in establishing a broader social and legal framework that promotes child development. Santénét plans to support the finalization and dissemination of the final policy in the coming months.

Support to the Expanded Program on Immunization (EPI). As a full member of the EPI Inter-Agency Coordination Committee (IACC), Santénét has been involved in defining the country's main strategies for immunization. The project actively supported the MOH/FP in (1) implementing the national immunization campaigns for measles and polio, (2) drafting the waste management and injection safety policy document, (3) ensuring the computerized management of EPI data, and (4) disseminating the management tools needed to prepare for the Data Quality Self-Assessment (DQS).

Support to Integrated Management of Childhood Illnesses (IMCI). Following the recommendations of the second IMCI review in April 2005, Santénét has focused its support on three priority areas: (1) revising the health workers' training curriculum with the MOH/FP and the World Health Organization (WHO), (2) planning pre-service training activities in IMCI and Essential Nutrition Actions (ENA) in collaboration with the medical and paramedical schools, and (3) exploring the introduction of innovative approaches such as the use of zinc in diarrhea treatment, and community-based treatment of Acute Respiratory Infections (ARI).

¹ FP partners are comprised of the Ministry of Health and Family Planning, the Ministry of Population, USAID, UNFPA, UNICEF, WHO, SALAMA, PSI and Santénét

Drafting of the National Nutrition Policy (NNP) and the National Nutrition Action Plan (NNAP). Santénet actively supported the preparation of the NNP and the NNAP. These two documents will serve as reference points for all nutrition-related interventions implemented under the coordination of the newly-created National Nutrition Office (NNO).

Support to the vitamin A and deworming mass campaign: Santénet provided technical and financial support prior to and during the vitamin A and deworming national mass campaign that took place from April 25 to 29, 2005 and reached successful rates of approximately 97 percent vitamin A and 92 percent deworming national coverage.

Malaria

Participation in the Roll Back Malaria (RBM) campaign and support to the MOH/FP's Malaria Control Unit (SLCP). In 2004-2005, Santénet contributed to the creation of a working group for the RBM partnership. The project also provided special technical and logistics support to the SLCP to reinforce this body coordinating function within the RBM partnership. The working group discussed the best way to divide up the next order of Global Fund 4th round Insecticide-Treated Nets (ITN) between fully subsidized ITNs for pregnant women and children under five and socially marketed ITNs. Santénet also contributed to preparing and editing the National Malaria Control Policy.

Support to the Country Coordinator Mechanism (CCM). Santénet actively contributed to all working groups that prepared the funding proposal submitted to Global Fund. This technical assistance adds to efforts to mobilize resources for the national malaria control program.

Focused Prenatal Care (FPC)/Intermittent Presumptive Treatment (IPT). Santénet provided technical support to the Malaria Coalition Action Project (MAC) by training five sites in infection prevention and the utilization of the Performance and Quality Improvement (PQI) approach to assess the causes of FPC/MIP performance gaps and developing actions plans to address these issues. Weaknesses were noted in the supply of Sulfadoxine pyrimethamine (SP) used for presumptive malaria treatment during pregnancy (IPT) in the five health facilities. With Santénet's assistance, the sites have prepared actions plans to address the problem.

HIV/AIDS

Reaching youth through Ankoay. The "Ankoay" approach opens the way for young people to play an increasingly important role in stopping the spread of HIV/AIDS through a series of life skills exercises, a peer education program and community outreach activities. Through a partnership with the Health Communication Partnership (HCP), Santénet assisted in the training of 2,500 scouts in 100 troops in the Ankoay model, and they are now implementing activities. Santénet has provided logistical and technical support in the design and dissemination of the Ankoay training materials. The next phase, scheduled for early 2006, will target 5,000 young people in and out of the scouting movement.

Mobilization of religious leaders in the fight against HIV/AIDS. Santénet supported the Executive Secretariat of the National AIDS Control Committee (ES/NACC) to organize a national forum on AIDS & Religion, which advocated for increasing involvement from the 400 religious leaders in attendance. Since that forum, 16 religious leaders have founded an organization which is working to define their contributions to prevention, psychosocial support and pastoral counsel to People Living with HIV/AIDS (PLHA).

Workplace initiative. Santénet collaborated with the German Technical Cooperation Agency (GTZ) and other partners to define the national strategy for a response to HIV/AIDS in the workplace. The project has also collaborated with GTZ to approach five larger companies (BNi, Air Madagascar, STAR, Orange, and Total) in developing workplace programs. As a result, 108 people were sensitized and trained, including 67 peer educators, eight health workers, and 23 executives.

Condom programming. With the assistance of two international consultants, Santénet produced practical recommendations to implement the condom programming strategy originally drafted in 2004. As a result, the ES/NACC has a workplan to generate demand and logistically distribute the 15 millions condoms planned for distribution in 2005.

Dissemination of STI Guide. Santénet's reproduction and dissemination of the International HIV/AIDS Alliance (IHAA) STI Guide, entitled *Beyond Awareness-Raising: A Series of Tools to Facilitate Group Discussions on Curable STIs and HIV/AIDS*², to 1,000 facilitators for community discussions regarding STI and HIV/AIDS, resulted in the training of 800 trainers and the distribution of 200 guides to Nongovernmental Organizations (NGOs).

² « Au delà de la Sensibilisation : Une Série d'Outils pour la Facilitation de Discussions Participatives sur les IST Curables et le VIH/SIDA »

Cross-cutting Achievements

Kôminina Mendrika. Santénét developed a framework for community mobilization called *Kôminina Mendrika* (KM or Champion Commune) and produced guides, tools and promotional materials for its introduction. The approach, which will contribute to improving maternal, child, and family health through intensive mobilization and awareness-raising efforts (IEC/BCC), is currently being implemented in 81 communes in four provinces, in partnership with 11 NGOs and in cooperation with the MOH/FP, district and commune health structures, and regional and local authorities.

Performance and Quality Improvement. Santénét carried out advocacy and awareness-raising activities among key actors at the MOH/FP and among partners on the PQI approach in Madagascar. As a result, the approach is being initiated in 11 practicum sites. In its first year, PQI facilitators have measured current performance levels in FP/STI and FPC/MIP and assisted the sites in developing action plans to address quality gaps. Each of the sites is currently implementing its action plan and will be assessed at three-month intervals.

Establishment of the Health Communication and Mobilization Committee (HCMC). Santénét provided technical and financial support to MOH/FP's IEC and Social Mobilization Unit (IECSMU) to set up the HCMC and its three technical sub-committees: Family Health sub-committee, Infectious Diseases sub-committee, and Non-infectious Diseases sub-committee. Members of the committee that attended the launch on October 9, 2005 included the MOH/FP's various units, UN organizations, bilateral programs and projects, international and national NGOs, inter-enterprise health organizations and press associations. The HCMC's main mission will be to improve health communication in Madagascar by reinforcing collaboration between the MOH/FP and health partners through improved coordination of IEC/BCC and social/community mobilization activities and improved mobilization and use of available human, financial, and material (IEC materials) resources.

II. Santénét's Strategic Interventions in Family Planning and Reproductive Health

Sections III to VI present Santénét's strategic interventions for each of the four technical focus areas: family planning and reproductive health (FP/RH), child health, malaria, and HIV/AIDS. These strategic interventions define how the project, as a whole, contributes to the Government of Madagascar's (GOM) strategies for the four health technical focus areas. The tables which end the next four sections provide a graphic representation of how Santénét support fits within the national political framework, as defined in policy documents. Section XI provides a matrix which explains how Santénét's activities contribute simultaneously to the national strategies and to USAID's Intermediate Results.

The table at the end of Section II demonstrates that Santénét's activities at every intervention level contribute to the 3 major strategies of the national FP strategy: building capacity, expanding service and product availability and increasing demand.

Santénét intervenes at two levels, national and local (*commune*). At the local level, Santénét's interventions are to benefit the local population as well as the community-based health center (CBHC) and its service providers. The strategic interventions are thus broken down to show these three levels of intervention: national, health center/service providers and households. Santénét's interventions support the existing health systems in Madagascar – its infrastructure, material resources, and human resources – through technical assistance, training, and financial support. By improving the existing systems, Santénét will work to ensure sustainability.

Madagascar is one of very few countries in Africa to have prioritized FP/RH amongst the country's critical health concerns. The new Family Planning National Strategy's objective is to improve Malagasy families' well-being by increasing contraceptive prevalence from 18 percent to 28 percent by 2009. Santénét's activities in this area will conform to three focus areas defined by the new strategy:

1. Increased demand of FP services
2. Increased availability of FP services
3. Implementation of a policy and institutional framework that promotes FP.

Furthermore, Santénét will work with its partners to implement the Safe Motherhood (SM) Road Map which will contribute to the rapid reduction of maternal and neonatal mortality as part the Millennium Development Goals for Africa.

A. Strategic interventions in FP and RH / National level

1. Support to the FP partnership in advocacy and resources mobilization

The FP partnership aims to maximize resources mobilization and provide financial, technical, and political support to the FP program. Santénét will continue to technically support the FP partnership and strengthen the MOH/FP's leadership in an effort to institutionalize the FP partnership and thus ensure sustainability for FP program management.

2. Support to the standardization of Protocols, Norms, and Procedures (PNP) in the area of FP and Emergency Obstetrical and Neonatal Care (EONC)

Santénét will provide technical assistance for the review of policies, norms, and protocols in designated health areas like RH/FP, STIs, child health, and malaria. Santénét will closely collaborate with key partners involved in disseminating PNPs to health officials and service providers. The updated documents will serve as reference points for the revision of pre-service and in-service training curricula, and will be used during the PQI process to improve health services provision. In 2006, Santénét's work with the MOH/FP to finalize the national child health policy, and the national training policy will require a subsequent revision of RH/FP norms and protocols.

3. Support to the design, implementation, and monitoring of the Equity Fund

The Equity Fund that is maintained through a combination of government contributions and user fees provides access for the poorest of the poor to health care services and Generic Essential Drugs (GED), most notably to contraceptives and FP services, while preserving the current cost recovery system currently employed by the MOH/FP. Santénét has helped the MOH/FP implement the Equity Fund at the health facility level. This year, Santénét will provide technical

assistance to the MOH/FP in defining the minimum package, i.e. the list of diseases handled free of charge, at the hospital level.

4. Support to expanding and reinforcing the range of contraceptive methods

The range of contraceptive commodities available under the old FP/RH strategy responded to couples' needs for birth spacing and reduced family size through the four FP methods (4FP) and Long-Term Permanent Methods (LTPM). The new strategy aims to expand and reinforce the range methods. Santénet will thus provide support to include the Standard Days Method (SDM) and Implanon.

5. Support to pre-service and in-service training (FP and EONC)

To improve pre-service training for FP services, Santénet will support medical schools and the paramedical schools by carrying out an in-depth review of the current training policies, practices in training practicum sites, and the current status of academic programs. The project's support will strengthen 11 practicum sites by introducing PQI to FP/STI and FPC/PMP services, as well as by developing performance standards for child health.

6. Support to the FP program management

FP program management includes clinical services provision, management information systems, and supply chain management. Santénet's technical and financial support will be targeted to reinforce the MOH/FP team in carrying out these three critical functions at all decision-making levels in the national FP program.

7. Support to the HCMC in the preparation and implementation of an FP communication strategy

Mirroring the support given to the new FP strategy, Santénet will play a major role in the development of a national FP communication strategy, building on the preparatory work completed by the HCMC's Family Health sub-committee. Santénet will work with HCP and other partners to ensure adequate technical and financial resources for its development. Once finalized, Santénet will support the communication strategy's implementation, including materials production and dissemination and the launching of the first campaign.

B. Strategic interventions in FP and RH / Commune level: Community-based health centers (CBHC) and service providers

8. Support to capacity-building in FP program management (information, finances, and products)

The FP Management Information System (FP/MIS), logistics and financial management are key components of the FP program. Santénet will reinforce these elements at the grassroots level by strengthening quality data collection and systematic use of data for decision making at every decision-making level (health facility, District Management Team (EMAD), Regional Health Directorate (DRS), and central level).

9. Support to improving clinical services' quality (PQI and EONC)

In the area of quality improvement, the PQI approach will be extended to the CBHCs in communes participating in KM. CBHCs that achieve the three performance levels will be certified as One-star, Two-star, or Three-star Quality CBHCs, mirroring the multi-star approach of KM. The PQI approach will include infection prevention, FP, STI, FPC/MIP, and child health. Santénet and regional health managers will monitor the implementation of the action plans and will monitor progress in applying national standards.

10. Support to the expansion of FP services delivery points

The project will support the District Health Services (DHS) in upgrading health facilities to become service delivery points for FP. As part of the process, management systems (Health Information and Management System (HMIS), logistics, and financial management) will be reinforced and health workers will be certified in quality clinical services provision and counseling.

11. Support to dispatching FP IEC/BCC materials

The HCMC is tasked with defining the essential package of IEC/BCC health materials, including FP IEC/BCC materials, to be disseminated throughout the country. As a member of the HCMC, Santénet will assist in determining the elements of the package and will commit to providing the package for the CBHCs in the KM Communes.

C. Strategic interventions in FP and RH / Commune level: households

12. Expansion of the networks of contraceptive community-based distribution

Community-based distribution (CBD) of contraceptives plays an important role in ensuring availability of contraceptive commodities in the communities, especially pills and condoms. In the coming year, Santénet will expand the CBD network in KM Communes, in collaboration with its partner NGOs and with Population Services International (PSI).

13. Implementation of community mobilization activities to promote RH/FP

Santénet will use its different community mobilization approaches, including *Kôminina Mendrika* (Champion Communes) and *Tanàna Mendrika* (Champion Towns) to increase the number of FP users and improve pregnant women's health as a critical part of a safe motherhood campaign in rural and urban areas.

14. Support to establishing community-based funding mechanisms ("mutuelles")

Due to geographical and financial constraints, much of the Malagasy population encounters serious seasonal problems in accessing health services. To address this situation, the MOH/FP has decided to support local initiatives that will establish a variety of community-based funding mechanisms collectively known as *mutuelles*. These payment schemes will be piloted by Santénet, in collaboration with health partners and international organizations, to promote the GOM policy regarding essential medical coverage.

15. Implementation of RH/FP activities in the private sector

Santénet will bring its support to private sector initiatives to promote FP and improve RH through IEC/BCC activities and better access to FP/RH services and products in the private sector. Furthermore, Santénet will explore adapting the *Kôminina Mendrika* approach for individual businesses (*Orinasa Mendrika*) located in KM Communes.

Political Framework : Family Planning National Strategy and Safe Motherhood Road Map			
	<i>Political and institutional framework</i>	<i>Increased availability of FP services</i>	<i>Increased demand of FP services</i>
Santénet Strategic Interventions National level	1. Support to the FP partnership in advocacy and resources mobilization 2. Support to the standardization of Protocols, Norms, and Procedures (PNP) in the area of FP and Emergency Obstetrical and Neonatal Care (EONC) 3. Support to the design, implementation, and monitoring of the Equity Fund	4. Support to expanding and reinforcing the range of contraceptive methods 5. Support to pre-service and in-service training (FP and EONC) 6. Support to the FP program management	7. Support to the HCMC in the preparation and the implementation of a FP communication strategy
Santénet Strategic Interventions Commune level : CBHC and service providers		8. Support to capacity-building in FP program management (information, finances, products) 9. Support to improving clinical services' quality (PQI and EONC) 10. Support to the expansion of FP services delivery points	11. Support to dispatching FP IEC/BCC materials
Santénet Strategic Interventions Commune level : households		12. Expansion of the networks of contraceptive community-based distribution	13. Implementation of community mobilization activities to promote RH/FP 14. Support to establishing community-based funding mechanisms 15. Implementation of RH/FP activities in the private sector

III. Santénét's Strategic Interventions in Child Health

Two National policies provide the basis for all Santénét's interventions in child health:

1. In its major directives, the National Child Health Policy calls to: (1) develop community capacity, (2) increase awareness of rights, needs and potential problems related to child health, (3) reinforce partnership and collaboration between the community and the health system, and (4) improve the quality of health care services and the outreach to households and the community.
2. The National Nutrition Policy acknowledges malnutrition as a development problem, requiring multisectoral interventions that work in synergy to achieve objectives. The National Nutrition Office (NNO) was recently established to coordinate nutrition interventions. Santénét will maintain support to the NNO to implement the National Nutrition Action Plan (NNAP). From the 14 strategic foci presented in the NNAP, Santénét will target three: (1) community nutrition through KM, (2) micronutrient deficiencies control focusing on Vitamin A, and (3) developing technical capacities in nutrition.

The table at the end of Section III demonstrates that Santénét's activities respond to both the National Child Health Policy and the National Nutrition Policy by developing community capacity; increasing awareness of rights, needs and potential problems related to child health; reinforcing partnership and collaboration between the community and the health system; and improving the quality of health care services and the outreach to households and the community.

A. Strategic interventions in Child Health | National level

1. Support to the dissemination and the implementation of the National Child Health Policy

Once the policy document is finalized, Santénét will provide financial support to disseminate it to all stakeholders. In addition, the implementation of the policy will be the final test: at each level of service provision (central, district, CBHC) actors will need to actualize the policy by creating action plans and developing effective tools.

2. Contribution to the reinforcement of the Expanded Program on Immunization (EPI)

As an integral member of the IACC, Santénét will assist in operationalizing the committee's recommendation to establish quality standards for facilities currently providing immunization services. In collaboration with partners, Santénét will provide technical and financial support to an array of program management, monitoring and evaluation, and EPI-specific activities including: (1) support to the Reach Each District (RED) strategy, (2) support to the effective operation of the cold chain, (3) contribution to the neonatal tetanus campaign and the certification of Madagascar as a Polio Free Country, and (4) establishment of quality control for EPI data at every level.

3. Support to effective implementation of IMCI

IMCI is one of the most comprehensive national health strategies, especially its clinical component. However, the second review of the IMCI strategy noted that its main weakness relates to problems in scaling up. Santénét proposes to actively support the MOH/FP in addressing the problem through three approaches: (1) developing desired quality standards for IMCI, (2) integrating them into PQI, and thus (3) reducing the vertical nature of the program.

4. Adaptation and dissemination of streamlined IMCI/ENA tools to facilitate their use in health facilities

This activity builds upon USAID's historical traditional support of pre-service training by assisting training institutions curricula review and by building capacity amongst teachers and practicum supervisors. The current IMCI and Essential Nutrition Actions (ENA) training modules used in Paramedical Schools will be updated as will the classification and treatment algorithm. An IMCI exercise book will be adapted or prepared, and the teaching staff will benefit from training on effective teaching methodologies, using the updated IMCI, ENA, FP, and EONC training modules.

5. Support to the NNO in implementing the NNAP

Santénét will support implementation of three components of the NNAP: (1) breastfeeding promotion through support to the Nutrition Unit at the MOH/FP, (2) nutrition activities at community level through KM, and (3) reduction of micronutrient deficiency through deworming and vitamin A supplement campaigns.

6. Development and launch of the Child Health Week approach

Child Health Week, which has proved effective in places like Burundi, Morocco, and Haiti, aims to mobilize resources and focus efforts on child health topics during two annual periods. To increase service demand and supply, Santénet will support national level logistic operations and media materials for immunization, vitamin A distribution, deworming, and nutrition.

B. Strategic interventions in Child Health / Commune level: Community-based health centers (CBHC) and service providers

7. Service quality improvement in the KM communes' CBHC through IMCI implementation using the PQI approach

To integrate PQI into KM communes, Santénet will measure CBHCs' current performances against national standards to define capacity-building and equipment needs. Solutions will be provided through mechanisms like the RED strategy, the implementation of the EPI data management system, and building communes and CBHCs' capacity to use health data and information.

8. Skills improvement of health workers in the KM Communes through training

Implementation of IMCI in health facilities depends on the health workers' skill level as well as the availability of appropriate tools. In KM communes, Santénet will contribute to training or refresher courses for health workers on IMCI, provide simplified work aides to the CBHCs, and support formative monitoring and evaluation of procedures.

9. Logistics support to ensure the availability of products and services

Drugs such as cotrimoxazole, antimalarials, and other pre-referral emergency treatments are necessary for effective management of critical conditions. Through its support to the essential drugs supply chain, Santénet will ensure drug availability at the CBHC level and improve the population's access to drugs.

C. Strategic interventions in Child Health / Commune level: Households

10. Promotion of community ENA as part of IEC/BCC activities under the KM approach

As part of the community nutrition policy, communes engaged in the KM approach will be encouraged to include ENA activities in their package of indicators and implement the activities with supportive supervision from Santénet and its partners.

11. Reinforcement of community-based service provision and product distribution (Community-based sales agents and social marketing)

During the coming year, Santénet will maintain community-based service provision and distribution of social marketing commodities including commodities used for malaria prevention (ITN) and home based care (Palustop), initiated in collaboration with PSI. Selected KM sites will be included in the pilot study on community-based management of ARI. Santénet and its partners will support the community agents participating in the initiative.

12. Support to establishing community-based funding mechanisms ("mutuelles")

As addressed in the previous section, geographical and financial constraints impede many Malagasies from accessing health services. The community-based payment schemes (*mutuelles*) will be piloted by Santénet, in collaboration with health partners and international organizations, to promote the GOM policy regarding essential medical coverage which includes antenatal care and child health.

13. Intensive support to the promotion of the Child Health Week in KM Communes

In the KM sites, Santénet and its partners will conduct intensive mobilization activities to implement the Child Health Week strategy at the local level. Specific IEC activities, a media plan and follow-up activities will be developed for the two child health weeks held each year to ensure adequate coverage and a sustained between the two periods.

14. Implementation of child health activities in the private sector

Santénet will bring its support to private sector initiatives to improve child health through IEC/BCC activities and better access to child health services and products in the private sector. Furthermore, Santénet will explore adapting the *Kôminina Mendrika* approach for individual businesses (*Orinasa Mendrika*) located in KM Communes.

15. Support to the “Ezaka ho an’ny Kopian’ny Ankizy” (EKA) program for birth registration

The right to birth registration is the first right in the Convention on Children’s Rights. Given its importance, Santénet will work with UNICEF and partners to define ways to integrate the national EKA strategy into the KM activities. Santénet will explore how to integrate EKA efforts, piloting the inclusion of systematic birth registration and retroactive birth registration indicators in the KM objectives.

Political Framework : National Child Health Policy and National Nutrition Policy				
	<i>Develop community capacity</i>	<i>Increase awareness of rights, needs and potential problems related to child health</i>	<i>Reinforce partnership and collaboration between the community and the health system</i>	<i>Improve the quality of health care services and the outreach to households and the community</i>
Santénet Strategic Interventions National level		2. Contribution to the reinforcement of the Expanded Program on Immunization (EPI) 5. Support to the NNO in implementing the NNAP	1. Support to the dissemination and the implementation of the National Child Health Policy 6. Development and launch of the Child Health Week approach	3. Support to effective implementation of IMCI 4. Adaptation and dissemination of streamlined IMCI/ENA tools to facilitate their use in health facilities
Santénet Strategic Interventions Commune level : CBHC and service providers				7. Service quality improvement in the KM communes' CBHC through IMCI implementation using the PQI approach 8. Skills improvement of health workers in the KM Communes through training 9. Logistics support to ensure the availability of products and services
Santénet Strategic Interventions Commune level : households	10. Promotion of community ENA as part of IEC/BCC activities under the KM approach 11. Reinforcement of community-based service provision and product distribution 12. Support to establishing community-based funding mechanisms ("mutuelles")	15. Support to the "Ezaka ho an'ny Kopian'ny Ankizy" (EKA) program for birth registration 13. Intensive support to the promotion of the Child Health Week in KM Communes	14. Implementation of child health activities in the private sector	11. Reinforcement of community-based service provision and product distribution 13. Intensive support to the promotion of the Child Health Week in KM Communes

IV. Santénet's Strategic Interventions in Malaria

The overall objective of the National Malaria Control Policy (NMCP) is to “reduce malaria-related mortality and morbidity nationally, transmission in the central highlands and in the south sub-desert areas where malaria is epidemic unstable, and mortality in the coastal areas where malaria is pandemic stable. This general objective breaks down to four intermediate results working to improve malaria case management:

1. improving the quality of malaria cases' management, including community-based case management
2. reinforcing prevention measures
3. improving malaria prevention during pregnancy, and
4. controlling epidemics through early detection.

The national policy focuses on four strategic focus areas: case management, prevention for the general population, targeted prevention for pregnant women and children under-five, and support of the malaria control program. The table at the end of Section IV outlines how Santénet's support to national and community-based activities contributes to the NMCP.

A. Strategic interventions in Malaria | National level

Santénet's strategic focus corresponds with the national malaria control policy, contributes to achieving the Millennium Development Objectives and the objective of the Abuja Declaration, and utilizes the strategy of building upon national policies and structures in a complementary way which will promote sustainability. The project's interventions will target infrastructure, material resources, and capabilities within the health system. Santénet's support will come in the form of technical assistance, training, and financial support for selected activities.

1. Introduction of a new treatment regimen

In Madagascar, some drug resistance has been noted to current malaria treatment regimes. One likely reason for this is that the current protocol calls for chloroquine treatment for most fever cases, whether they are due to malaria or not. Following WHO and Global Fund recommendations, Madagascar has agreed to introduce a new treatment drug, Artemisinin-based Combination Therapy (ACT) and a Rapid Diagnosis Test (RDT) protocol. Santénet will support the MOH/FP in activity planning and in the gradual introduction of these innovations to the national strategy.

2. Support to prevention activities

Malaria prevention includes several components, mainly the use of long-lasting ITNs, home aspersions of insecticide, and other alternatives such as re-impregnating bed nets. Santénet will assist the MOH/FP in finalizing the national malaria policy, and will reinforce the MOH/FP's logistics system to ensure adequate and regular prevention supplies (ITNs) through the public health sector's supply chain, in coordination with private sector and social marketing efforts.

3. Support to national coordination efforts and the RBM partnership

As part of the implementation of the national policy, Santénet plans to continue providing technical support to national coordination and the RBM technical working group.

4. Improvement of national monitoring and evaluation systems

With the adoption of a new malaria control strategy and additional resources mobilized for its implementation, the need for an effective monitoring system for the strategy has become critical. Santénet will work with partners to improve and implement a monitoring and evaluation system that meets the needs of the program, informs policy makers, and reports out to donors.

B. Strategic interventions in Malaria | Commune level: Community-based health centers (CBHC) and service providers

5. Improvement of case management quality through PQI

Santénét will support the MOH/FP's efforts to expand and improve the management of malaria cases among pregnant women in KM sites by reinforcing CBHC skills in rapid diagnosis and appropriate treatment, as well as by introducing PQI to facilitate systematic evaluation of service provider performance.

6. Establishment of FPC/IPT in the KM Commune/PQI sites

Santénét's role will ensure that malaria-related commodities are available in the CBHCs located in KM sites and that they are used in accordance with the National Malaria Control Policy standards.

7. Support to the Malaria Control Unit (MCU) program management (HMIS, logistics)

Santénét will provide critical technical and financial support for the revitalization of the HMIS, and improving data collection, analysis, and use at the CBHC level to improve data for decision making at a local level. In addition, the availability of commodities at the CBHC level depends on a reliable supply chain. Santénét will work to establish an effective supply chain for malaria control commodities that conforms with national strategy objectives and works within the GED supply chain.

C. Strategic interventions in Malaria | Commune level: Households

8. Expansion of community-based distribution for malaria control products

Community-based distribution plays an important role in ensuring products availability among the population, especially for ITNs and chloroquine. Under the strategy, special efforts will be made to expand the network, especially in KM sites, in collaboration with partners NGOs and PSI.

9. Implementation of community mobilization activities to prevent and manage malaria

Santénét intends to utilize KM and other community mobilization approaches to prevent and reduce malaria cases among children under five and pregnant women, specifically in the promotion of ITNs.

10. Support to establishing community-based funding mechanisms ("mutuelles")

As described in Chapter II, the *mutuelle* payment schemes will be piloted by Santénét, in collaboration with health partners and international organizations, to promote the GOM policy regarding essential medical coverage, which includes malaria prevention and treatment.

11. Implementation of malaria activities in the private sector

Santénét will bring its support to private sector initiatives to improve malaria prevention through IEC/BCC activities and improve access to malaria treatment services and products in the private sector. Furthermore, Santénét will explore adapting the *Kôminina Mendrika* approach for individual businesses (*Orinasa Mendrika*) located in KM Communes.

	Political Framework : National Malaria Control Policy			
	<i>Case management</i>	<i>Targeted prevention for pregnant women and children under-five</i>	<i>Prevention for the general population</i>	<i>Support of the malaria control program</i>
Santénet Strategic Interventions National level	1. Introduction of a new treatment regimen		2. Support to prevention activities	3. Support to national coordination efforts and the RBM partnership 4. Improvement of national monitoring and evaluation systems
Santénet Strategic Interventions Commune level : CBHC and service providers	5. Improvement of case management quality through PQI	6. Establishment of FPC/IPT in the KM Commune/PQI sites		7. Support to CNLP program management
Santénet Strategic Interventions Commune level : households		8. Expansion of community-based distribution for malaria control products	9. Implementation of community mobilization activities to prevent and manage malaria	10. Support to establishing community-based funding mechanisms (<i>"mutuelles"</i>) 11. Implementation of malaria activities in the private sector

V. Santénét's Strategic Interventions in HIV/AIDS and STIs

In Madagascar, the Executive Secretariat of the National AIDS Control Committee (ES/NACC) which is part of the Office of the President, coordinates and endorses all HIV/AIDS activities. In collaboration with all partners, the ES/NACC developed a national STI/HIV/AIDS control strategy for 2004 to 2007. The strategic foci of the national response are (1) establishing a multisectoral framework, (2) improving access to information and prevention, (3) ensuring quality service provision, and (4) reinforcing monitoring and evaluation. The table at the end of this section shows how Santénét's community-based activities and support to national programs and policies will assist the ES/NACC to realize the strategy.

Santénét will use the national strategy, along with the forthcoming recommendations from the review of USAID/Madagascar's HIV prevention strategy, to maximize HIV resources and results, build on existing investments, and complement other activities to contribute to interventions at the national level, the CBHC level, and the commune level.

A. Strategic focus | STI/HIV/AIDS - National level

1. Reinforcement and expansion of the Ankoay approach

Over the last year, Santénét has worked with HCP and local scouting affiliates to implement the Ankoay approach to prevention activities targeting youth. This year, Santénét will support the scaling up of the Ankoay approach and its adaptation for youth involved in sport clubs. In addition, Santénét will complete negotiation with the ES/NACC to receive further financial support from the Multi-country AIDS Project funds of the World Bank. For 2005-06, Ankoay will reach over 5,000 young people in and out of the scout movement.

2. Support to ES/NACCs' activities

To operationalize the multisectoral framework, ensure a common vision for a national HIV/AIDS response and to ensure effective communication and coordination between actors, Santénét will work with ES/NACC and other partners to organize working groups at the regional and national level.

3. Training of radio hosts

Santénét will contribute to the ES/NACC training of 150 radio hosts in KM communes, in hopes of increasing coverage of HIV/AIDS on radio and TV messages and ensuring the diffusion of consistent, correct messages.

4. Dissemination of STI guides

Santénét will disseminate the STI guide developed by the ES/NACC and other partners to private and public service providers in KM communes. In turn, the tool will be used to develop standards for PQI in the CBHC in KM communes.

5. Continued support to the condom programming strategy

As discussed in Section II, Santénét will maintain its interventions related to supply chain and demand creation activities for the 15 million condoms expected in 2005.

6. Development of a standardized peer education curriculum

To assist the SE/CNLS develop a comprehensive, community-based response to HIV/AIDS, Santénét will spearhead the development of a standardized peer education curriculum that can be adapted by different target populations in various settings. Santénét will coordinate the drafting, pre-testing and validation of the approach along with the ES/NACC, HCMC and other key stakeholders. This curriculum will provide a framework for all projects using peer educators as a strategy for HIV/AIDS/STI prevention and AIDS mitigation.

7. Participation of religious leaders in the fight against HIV/AIDS

Once the religious leaders' platform has finalized its action plan, Santénét will provide support for the planning and the operationalization of the religious leaders' activities in HIV/AIDS prevention, and psycho-social and pastoral support to PLHA.

8. Evaluation of International HIV/AIDS Alliance's STI guide

As a follow-on activity to the introduction of the IHAA STI Guide, Santénét will support the assessment of the guide.

B. Strategic focus | STI/HIV/AIDS - Commune level: Community-based health centers (CBHC) and service providers

9. Improvement of service quality through the PQI approach in KM communes

Santénét will utilize the PQI approach to improve the quality of STI management in 11 practicum sites and CBHCs located in KM communes. Training providers in syndromic management and infection prevention may be included in quality improvement plans.

10. Tracking of the national indicator for quality STI management at the CBHC level

IR3 will include an assessment of the effectiveness of syndromic STI management employed by the KM CBHCs.

11. Increased access to prevention methods through community-based distribution network

The expansion of the CBD network, specifically in KM communes will increase access to information through trained CBDAs and will ensure access to condoms.

C. Strategic focus | STI/HIV/AIDS - Commune level: Households

12. Increase in knowledge of STI/HIV prevention means in the KM Communes

This indicator is an integral part of the Champion Communes' indicators.

13. Support to a response to HIV/AIDS in the workplace

Santénét will work with international and local partners, including GTZ, to utilize a standardized approach to HIV/AIDS programming in the workplace, and will work to adapt the available guides and tools to the Malagasy context, including the peer educator curriculum mentioned above. In addition, Santénét will work with mining company, QIT-Fer Madagascar Minerals, to develop HIV/AIDS control activities specifically to address the changing environment in the Fort Dauphin region. Finally, Santénét will explore with the BAMEX project opportunities to work within the mining sector to address issues of worker vulnerability and HIV/AIDS-TB co-infection.

Political Framework : National STI/HIV/AIDS Control Strategy				
	<i>Establishing a multisectoral framework</i>	<i>Improving access to information and prevention</i>	<i>Ensuring quality service provision</i>	<i>Reinforcing monitoring and evaluation</i>
Santénet Strategic Interventions National level	2. Support to ES/NACC's activities	1. Reinforcement and expansion of the Ankoay approach 3. Training of radio hosts 4. Dissemination of STI guides 6. Development of a standardized peer education curriculum 7. Participation of religious leaders in the fight against HV/AIDS		5. Continued support to the condom programming strategy 8. Evaluation of (IHAA) STI Guide
Santénet Strategic Interventions Commune level : CBHC and service providers			9. Improvement of service quality through the PQI approach in KM communes	10. Tracking of the national indicator for quality STI management at the CBHC level
Santénet Strategic Interventions Commune level : households	12. Support to a response to HIV/AIDS in the workplace	11. Increase in knowledge of STI/HIV prevention means in the KM Communes		

VI. Intermediate Result 1 | Increasing Demand for Selected Health Services and Products

The following four sections detail how Santénet's activities will contribute to achieving USAID's Intermediate Results for Health, which in turn play a part in reaching Strategic Objective 5: SO 5: "Use of Selected Health Services and Products Increased, and Practices Improved." The matrix in Section XI explains how Santénet's activities contribute USAID's Intermediate Results and to GOM policies and strategies.

A. Summary

IR1 strives to *increase the demand* for health products and services so as to promote family planning, improve child health, combat malaria, and prevent STIs, including HIV/AIDS. To this purpose, IR1's activities are intended to reinforce community mobilization and IEC/BCC (IR 1.1), involve the private sector in health promotion (IR 1.2), and target priority biodiversity conservation areas (IR 1.3).

■ Major Achievements in 2004 – 2005

The efforts of IR1 team during the period of October 2004 to September 2005 resulted in the following major achievements:

- The development of the community mobilization approach *Kôminina Mendrika* (Champion Commune or KM) and all the tools needed for its implementation, and its initiation in 81 communes in partnership with 11 NGOs and in collaboration with the MOH/FP's central and regional levels as well as with local and regional authorities.
- The adoption by USAID-funded ERI and MISONGA projects of the *Kôminina Mendrika* (KM) approach, and a commitment on their part to implement the approach integrating health, environment, and good governance to promote multi-sectoral development.
- The establishment of the Health Communication and Mobilization Committee (HCMC) and its different technical sub-committees: Family Health sub-committee, Infectious Diseases sub-committee, Non-Infectious Diseases sub-committee. The HCMC's main mission will be to improve health communication in Madagascar by reinforcing collaboration between the MOH/FP and health partners through improved coordination of IEC/BCC and community mobilization activities and improved mobilization and use of available human, financial, and material (IEC materials) resources.
- Santénet's active participation in the FP sub-committee to define the process for developing the national FP communication strategy.
- Support to the HIAKA 2004 immunization campaign (September 13 – October 8, 2004) and the Vitamin A mass distribution campaign (April 25 – 29, 2005). This activity showed the effectiveness such campaigns in mobilizing rural and urban populations, evidenced by the high coverage rates achieved.

■ Difficulties Encountered in 2004 – 2005

However, an in-depth analysis of results achieved in the past year highlights several areas for improvement for the next period:

- the high cost of implementing the KM approach ;
- the low level of participation in community mobilization activities among private businesses ;
- Inadequate leadership of MOH/FP's IECSMU in the HCMC due to its overwhelming workload.

■ Activities Planned for 2005 – 2006

For the period of October 2005 to September 2006, the IRI team intends to reinforce and scale up its achievements and overcome the obstacles identified. Its activities can be grouped under 5 main interventions:

1. Pursuing the scaling up of the Kôminina Mendrika approach

Scaling up the KM approach will widely contribute to improving maternal, child, and family health in the intervention zones. The KM approach fosters and promotes community participation to manage its own health. Therefore, Santénét will scale up the KM approach to reach the objective of involving 300 communes by the end of the project in 2008. Santénét and its 11 partner NGOs will complete the first KM round in 81 communes (**activity 1.1.1**), with a special effort to increase the private sector's involvement (**activities 1.1.10, 1.2.1, 1.2.2, 1.2.3**), before entering the second round and initiating the approach in 100 additional communes (**activity 1.1.3**). Meanwhile, Santénét will explore a more streamlined implementation model for KM in order to reduce costs and to facilitate a rapid scaling up and long-term sustainability (**activity 1.1.2**). Santénét will continue working with ERI to implement the health-environment integrated approach in priority biodiversity conservation areas (**activity 1.3.1**).

2. Initiating the Tanàna Mendrika (Champion Town) approach

While the IRI team's activities have been focused in rural areas to date, urban areas are also faced with the same health problems and often at greater intensity due to high population density. Recognizing that mobilization strategies and the IEC/BCC activities need to be adapted for the specific characteristics of target groups and the existence of specific communication channels in urban settings, an adapted KM approach is needed to mobilize and raise awareness in urban populations. The *Tanàna Mendrika* (TM) approach will be an urban adaptation of the *Kôminina Mendrika* approach for community mobilization, and Santénét plans to pilot it in Fort Dauphin (**activity 1.1.4**).

3. Supporting the Health Communication and Mobilization Committee (HCMC)

During the process of developing BCC/IEC tools for the Champion Commune approach, Santénét set an example to other HCMC members by having its materials validated by the committee before production. As a result, Santénét's materials development process (designing and testing samples using focus groups before having them validated by the HCMC) has been adopted as a standard by several partner institutions. For this reason, it is important to continue supporting HCMC so that this platform becomes the only mechanism for validating IEC/BCC materials, which will ensure coordination of national social and community mobilization efforts. As the appointed secretary of the committee, Santénét will continue backing the IECSMU in ensuring the HCMC operations (**activity 1.1.5, 1.1.6**). The project will also continue playing an active role in the FP sub-committee and will encourage members, including the MHO/FP's Family Health Division (FHD) and UNFPA, to develop and implement a national communication strategy for FP by the end of the year (**activity 1.1.7**).

4. Launching Child Health Week

The effectiveness of this approach has been demonstrated in several countries such as Morocco, Burundi, and Haiti. For several years now, Madagascar has been organizing different mass campaigns throughout the year, such as national immunization campaigns, vitamin A distribution, deworming campaigns, and polio vaccinations. These campaigns have proved to be effective in mobilizing rural and urban households, evidenced by the high coverage rates achieved. However, costs related to mobilization and logistics under these campaigns are quite high. Thus, it would be interesting to explore the feasibility of establishing Child Health Weeks once or twice per year, during which all the services are provided within the week. In a first stage, Santénét will advocate this approach among the MOH/FP and its partners (**activity 1.1.8**). If MOH/FP and its partners are favorable to the concept, Santénét will assist in raising public awareness for the first Child Health Week (**activity 1.1.9**).

5. Reinforcing youth mobilization for HIV/AIDS prevention

To date, the Ankoay approach project has proved effective in mobilizing young people in HIV/AIDS control. For this reason, Santénét will continue supporting the project, mainly in launching the second phase with scouts (**activity 1.1.11**), and in adapting the Ankoay approach to target young sportsmen and sportswomen (**activity 1.1.12**).

B. Technical Activities for 2005 – 2006

IR 1.1 – Improving Community Mobilization and IEC/BCC for Selected Health Products and Services

Activity 1.1.1 Provide assistance to partner NGOs in implementing Year 1 KM activities (81 communes)

Objective: To complete Year 1 implementation of the KM approach in the 81 communes selected.

Description: Santénet will monitor the KM activities implemented by its 11 partner NGOs in the 81 communes selected for Year 1 and will provide technical assistance when necessary or requested. Santénet's Community Mobilization Specialist will work with the project's IEC/BCC Specialist and the Regional Health Programs Coordinator to assist the NGOs in implementing the activities, especially awareness-raising activities, and to participate or contribute to the training sessions provided to the community outreach supervisors (*techniciens accompagnateurs*). In order to facilitate the NGOs' work, Santénet will also develop and implement a media plan to broadcast the audio material it has developed. The spots, sketches, and children's tales will strengthen the key health messages conveyed by the community outreach workers.

Santénet will organize a mid-term workshop in December 2005 to evaluate the activities and results achieved, share lessons learned and improve the technical framework of the KM approach. This workshop will also be used to determine the subsequent phase of the approach during Year 2 for these 81 communes. Finally, Santénet will invite MOH/PF and other potential partners and donors to participate at the workshop and learn more about the approach.

Means of verification:

- Mid-term workshop held and Year 1 KM communes awarded title

Result indicator (PMP):

- Indicator # 6: Number of communes that achieve Champion Commune status for achievement of health targets

Technical assistance and/or resources: TRG will provide technical assistance to Santénet in organizing and facilitating the workshop. Voahary Salama will work closely with Santénet in following the implementation of the approach in selected communes.

Activity 1.1.2 Develop and test a new model for implementing KM

Objective: To ensure the sustainability of the KM approach.

Description: In an effort to improve the KM approach, and most importantly ensure its sustainability, Santénet will review the technical and financial aspects of the approach. More specifically, Santénet will look for ways to simplify the various implementation steps, to ensure a greater local ownership of the approach at the commune level, and to reduce implementation costs. Upon this review, Santénet will develop an improved model and finance certain partners to pilot this new model in selected communes during the Year 2 implementation of KM. Santénet will also review the various KM tools and revise them based on the new model. Santénet will then provide these revised tools to the communes and partners involved in the pilot.

Means of verification:

- Streamlined, cost-effective KM model developed and implemented in selected pilot communes

Result indicator (PMP):

- Indicator # 6: Number of communes that achieve Santénet Champion Commune status

Technical assistance and/or resources: MOH/PF's IECSMU and Voahary Salama will be involved in the conception and the implementation of the new model.

Activity 1.1.3 Begin implementing Year 2 KM activities (81 communes + 120 new communes)

Objective: To scale-up the KM approach.

Description: Santénet will continue working with the partner NGOs of Year 1 to define new objectives for Year 2 and ensure continued success in the 81 communes. Santénet will utilize the Santénet Fund to award a second round of contracts and grants, anticipating that current partners, along with new ones, will scale up the KM approach during the second year to reach 120 new communes. Santénet will provide all the technical assistance necessary to ensure successful implementation of the KM approach in the 201 communes, including all the tools. Santénet will select among the 81 communes and among the 120 new communes some pilot communes to test the new KM implementation model.

Means of verification:

- KM approach implemented in 201 communes

Result indicator (PMP):

- Indicator # 6: Number of communes that achieve Santénet Champion Commune status

Technical assistance and/or resources: Voahary Salama and MOH/PF central and regional will work closely with Santénet to ensure successful implementation of the approach. NGO partners will implement KM approach at the commune level, along with local CBOs and authorities.

Activity 1.1.4 Pilot the Tanàna Mendrika (TM) approach in Fort Dauphin

Objective: To develop an urban community mobilization approach.

Description: Santénet will work with CARE to test an urban community mobilization approach similar to that of *Kôminina Mendrika*, but which takes into account the urban setting. Santénet and CARE will develop together the technical framework of the TM approach. Santénet will then negotiate with CARE to implement the approach in Fort Dauphin. Santénet will provide technical assistance, including training the key actors involved in implementing the approach, and providing the necessary IEC/BCC tools.

Means of verification:

- TM approach implemented in Fort Dauphin.

Result indicator (PMP):

- Indicator # 6: Number of communes that achieve Santénet Champion Commune status

Technical assistance and/or resources: CARE and Santénet will together develop the TM approach, and CARE will then implement the approach in Fort Dauphin.

Activity 1.1.5 Assist IECSMU in making the HCMC fully operational

Objective: To strengthen IECSMU's leadership role in all IEC/BCC and social mobilization activities.

Description: The aim of Santénet's assistance is to help IECSMU strengthen its leadership role within the HCMC, and therefore its leadership role in coordinating national social mobilization and IEC/BCC activities. Santénet has been designated secretary of the HCMC, and will provide technical assistance to IECSMU to make the committee fully operational. More specifically, Santénet will assist IECSMU in organizing the committee's general assemblies and sub-committee meetings, based on a pre-established calendar, and in

effectively leading those meetings. Santénet will also participate in the technical validation of partner IEC/BCC materials.

Means of verification:

- HCMC and sub-committees' meetings minutes (HCMC general assembly every six months, sub-committees' meetings every three months)

Result indicator (PMP):

- Indicator # 7: Availability of IEC/BCC minimum package at CBHC level

Technical assistance and/or resources: The partners, members of the HCMC and including Santénet, will provide the technical and financial assistance necessary.

Activity 1.1.6 Contribute to the HCMC's activities (as described in its TOR)

Objective: To contribute to a better collaboration and coordination between MOH/PF and its partners of IEC/BCC and social mobilization activities.

Description: Santénet is an active member of the HCMC, and as such, it will contribute to the committee's various activities. First, Santénet will participate in the update of the Messages Guide, define a minimum package of IEC/BCC health materials, develop a dissemination plan for the minimum package, and ensure that the package is available in all the health centers located in its KM communes. Santénet will also contribute technically and financially to IEC/BCC activities related to international celebrations (World Health Day, World AIDS Day and others) and to national campaigns.

Means of verification:

- Messages Guide updated
- Minimum package of IEC/BCC health materials defined and dissemination plan developed and implemented

Result indicator (PMP):

- Indicator # 7: Availability of IEC/BCC minimum package at CBHC level

Technical assistance and/or resources: The partners, members of the HCMC and including Santénet, will provide the technical and financial assistance necessary.

Activity 1.1.7 Contribute, as a member of the Family Health sub-committee, to the development and implementation of the FP communication strategy

Objective: To develop an FP National Communication Strategy that responds to the new FP National Strategy priorities.

Description: In order to increase the demand for FP services – a priority of the new FP National Strategy – it is necessary to develop an effective communication strategy. This is a priority task for the Family Health sub-committee, led by FHD and IECSMU. Santénet, as an active member of this sub-committee, will contribute financially to the strategy's development, as well as assist FHD and IECSMU in securing financial support from the other members of the sub-committee for the other steps.

Once the strategy is developed and validated, Santénet will contribute technically and financially to the development and production of IEC/BCC materials, including components defined as part of the IEC/BCC minimum package. Santénet will also make certain that the communication strategy is distributed to the Flex Fund-funded religious organizations in order to make sure that they consider it when developing and implementing their FP activities.

Means of verification:

- FP communication strategy developed and validated

Result indicators (PMP):

- Indicator # 1: Contraceptive prevalence rate
- Indicator # 7: Availability of IEC/CCC minimum package at CBHC level

Technical assistance and/or resources: The partners, members of the HCMC and including Santénet, will provide the technical and financial assistance. Technical assistance from the Health Communication Partnership (HCP) is also anticipated.

Activity 1.1.8 Study the feasibility of establishing Child Health Week in Madagascar

Objective: To establish Child Health Week in Madagascar.

Description: The Child Health Week approach has proved to be very successful in improving child health in countries like Burundi, Morocco, and Haiti. The aim is to provide all the services related to child health during a fixed period each year, thus helping parents become accustomed to this event. Santénet will compile the experiences in these different countries and will develop a concept paper for the possible establishment of this approach in Madagascar. This concept paper will serve as a basis for discussion with the MOH/FP and other important partners such as UNICEF. Santénet will play an active role in facilitating the dialogue between the various partners and in collecting and compiling feedback that will then be used to develop a full technical document.

Means of verification:

- Technical document developed and validated by MOH/FP

Result indicators (PMP):

- Indicator # 2: DPT 3 coverage
- Indicator #3: Vitamin A supplementation coverage
- Indicator # 5: Exclusive breastfeeding rate
- Indicator # 6: Number of communes that achieve Santénet Champion Commune status

Technical assistance and/or resources: MOH/FP and UNICEF will work closely with Santénet.

Activity 1.1.9 Assist MOH/FP in organizing the first Child Health Week

Objective: To establish Child Health Week in Madagascar.

Description: Based on the results of the feasibility study mentioned above, Santénet, in collaboration with UNICEF and other health partners, will assist MOH/FP in organizing the first Child Health Week. More specifically, the IRI team will provide technical support to IECSMU in designing a public awareness campaign. Santénet will then contribute financially to the development and broadcasting of audio-visual material.

In the communes where the KM approach is being implemented, Santénet will make sure to mobilize households with children during the Child Health Week through different awareness-raising activities.

Means of verification:

- The first Child Health Week is held

Result indicators (PMP):

- Indicator # 2: DPT 3 coverage
- Indicator #3: Vitamin A supplementation coverage
- Indicator # 5: Exclusive breastfeeding rate
- Indicator # 6: Number of communes that achieve Santénet Champion Commune status

Technical assistance and/or resources: MOH/FP's specific departments, UNICEF and other partners involved in child health will contribute technically and financially to this activity.

Activity 1.1.10 Contribute to ES/NACC's activity of training 150 radio hosts

Objective: Strengthen IEC/BCC on HIV/AIDS and other health issues through the radio.

Description: Santénet will provide assistance to ES/NACC in distributing 300 hand crank radios throughout the country, especially in remote areas, and will then provide financial assistance in training 150 radio hosts.

Means of verification:

- 150 radio hosts are trained

Result indicators (PMP):

- Indicator # 6: Number of communes that achieve Santénet Champion Commune status
- Indicator # 8: Number of communes in priority biodiversity conservation areas that achieve Champion Commune status

Technical assistance and/or resources: N/A

Activity 1.1.11 Provide assistance to the implementation of the Ankoay project, Phase II

Objective: To reinforce youth mobilization for HIV/AIDS prevention.

Description: HCP submitted a proposal to PMPS to receive funds to implement Phase II of the Ankoay project, which will scale up the Ankoay approach to an additional 200 scout troops and adapt the approach to be used in schools and sports clubs. Because PMPS II funds will not be available until 2006, Santénet will provide bridging funds to ensure that the Ankoay project's activities are not interrupted. Once PMPS funds are available, Santénet will provide technical assistance for the implementation of the activities.

Means of verification:

- Ankoay project Phase II activities are implemented

Result indicator (PMP):

- Indicator # 4: Condom use at last sexual encounter with a paying partner, among youth and commercial sex workers

Technical assistance and/or resources: HCP will provide technical leadership.

Activity 1.1.12 Implement an Ankoay II project targeted for young sportsmen and sportswomen

Objective: To reinforce youth mobilization for HIV/AIDS prevention.

Description: As mentioned above, Santénet will provide technical assistance for the start-up of a project with an approach similar to that of the Ankoay project, but is specifically targeted towards young sportsmen and sportswomen instead of scouts.

Means of verification:

- Ankoay II project started

Result indicator (PMP):

- Indicator # 4: Condom use at last sexual encounter with a paying partner, among youth and commercial sex workers

Technical assistance and/or resources: HCP will provide technical leadership.

IR 1.2 – Increasing Private Sector Involvement in Promoting Health Services and Products

Activity 1.2.1 Strengthen IEC/BCC capacities of KM partner NGOs' Community-based Distribution Agents (CBDAs)

Objective: To train new CBDAs in IEC/BCC while expanding the distribution network for social marketing products.

Description: Santénet will pursue its collaboration with PSI to train the CBDAs of the KM partner NGOs in IEC/BCC. While IR2 is looking to expand the distribution network of social marketing products, IR1 will specifically seek to increase these CBDA's capacity to effectively communicate health information and provide effective referrals. As such, Santénet will continue providing technical and financial assistance to PSI in preparing and, in some cases, holding the training sessions. When deemed necessary, Santénet will also provide or duplicate IEC/BCC materials. These training sessions are directed to the CBDAs of the current KM partner NGOs, and will also be offered to new KM partner NGOs during KM Year 2.

Means of verification: CBDAs trained and necessary IEC/BCC material available

Result indicators (PMP):

- Indicator # 6: Number of communes that achieve Santénet Champion Commune status
- Indicator # 8: Number of communes in priority biodiversity conservation areas that achieve Champion Commune status
- Indicator # 11: Santénet Champion Communes have an established distribution system for social marketing products
- Indicator # 12: Number of social marketing products sold in Santénet Champion Communes

Technical assistance and/or resources: PSI will provide the technical assistance necessary to hold the training sessions.

Activity 1.2.2 Develop partnerships with private radio stations to help implementing KM activities

Objective: To involve mass media to promote the KM approach and communicate key health messages.

Description: Santénet will seek to establish partnerships with local and national private radio stations that broadcast in the KM communes. In particular, Santénet will work with the radio stations involved in the "Radio Corridor" USAID Eco-regional Alliance initiative. Santénet has produced several spots, sketches and children's tales to be aired regularly on the radio to reinforce the same key health messages being communicated by community outreach workers. Santénet will negotiate with those private radio stations to air those spots, sketches and children's tales for free on a regular basis. In exchange, Santénet will train radio show hosts and producers of those stations in radio show production and broadcasting, especially in the context of health.

Means of verification:

- Radio producers and local radio station hosts trained and operational

Result indicator:

- Indicator # 6: Number of communes that achieve Santénet Champion Commune status

Technical assistance and/or resources: A national consultant, radio broadcasting specialist, will be hired to assist the Santénet team on this activity.

Activity 1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives

Objective: To involve private businesses in the promotion of better health.

Description: The private sector has a important role to play in improving health in Madagascar. For this reason, Santénet will strive to raise awareness among private businesses of the importance of their direct involvement in the well-being of their employees and their families. The IR2 team will set up workplace initiatives (e.g. activity 2.2.1), and the IR1 will then provide technical assistance for the development and implementation of the IEC/BCC component. The IR1 team will also provide all the IEC/BCC material necessary.

These workplace initiatives will most likely include private businesses located in the KM communes. Santénet will thus develop the *Orinasa Mendrika* (Champion Business) approach which will require Santénet and the businesses to define IEC/BCC activities that contribute to the achievement of the KM objectives. In the process, Santénet will aim to develop a closer relationship between the businesses and the local health centers.

Means of verification:

- Private businesses with workplace initiatives that implement specific IEC/BCC activities

Result indicator (PMP):

- Indicator # 6: Number of communes that achieve Santénet Champion Commune status

Technical assistance and/or resources: For this activity, Santénet will work closely with the KM partner NGOs and well as the local administrators. In addition, Santénet will explore partnerships with business associations, such as local chambers of commerce.

IR 1.3 – Increasing Demand for FP and Health Services and Products in Priority Conservation Areas

Activity 1.3.1 Assist ERI in the implementation of the integrated Health-Environment KM approach

Objective: To increase the number of communes located in priority biodiversity conservation areas implementing the KM approach.

Description: Santénet will work closely with the USAID-funded ERI environmental project to implement the integrated Health-Environment KM approach. Among the 81 communes for KM Year I, five communes were selected in the province of Toamasina where the integrated approach will be implemented, and five other communes will be selected in Fianarantsoa province. Santénet, through its KM partner NGO, will be responsible for the health component; ERI will be responsible for the environment component. Santénet will provide additional technical assistance to ERI in the process of defining environmental objectives, developing the tools for implementation, and training community outreach workers in IEC/BCC techniques.

Means of verification:

- The integrated Health-Environment KM approach is implemented

Result indicator (PMP):

- Indicator # 8: Number of communes in priority biodiversity conservation areas that achieve Champion Commune status

Technical assistance and/or resources: The KM partner NGO will be responsible for implementing the health component of the approach, while ERI implements the environment component.

VII. Intermediate Result 2 | Increasing Availability of Selected Health Products and Services

A. Summary

Whereas IRI's focus is to increase demand for services and select health products, the activities of IR2 strive to increase access to these services and products. Santénet continues its technical support to MOH/FP and to its partners to ensure better availability and access to the necessary services and health products to encourage family planning, to improve child health, to combat malaria, and to prevent STIs, including HIV/AIDS. Specifically, the activities of the IR2 will improve the logistics systems in the public sector (IR2.1), support the development of a private sector distribution network for socially marketed products (IR2.2), increase access to priority services for remote populations (IR2.3), improve the nutritional value of agricultural products (IR2.4) and improve water management for agriculture and households (IR2.5).

■ Major Achievements for 2004 – 2005

During the period from October 2004 at September 2005, the efforts of the IR2 team led to the following achievements and results in four technical areas:

Family Planning and Reproductive Health

Repositioning of the national FP strategy: With Mali, Madagascar is one of two countries in Africa to have moved forward in FP repositioning. This realization is the product of a series of activities supported by Santénet.

Contraceptive safety: Santénet supported the establishment of a contraceptive safety strategy by providing technical assistance in developing electronic supply chain pipeline and by assisting FP partnership.

Roadmap for Safe Motherhood: Santénet supported in MOH/FP in the design, finalization and the vetting of the policy document.

Child Survival and Nutrition

National campaigns: Santénet brought technical and financial support to the implementation of the national measles vaccination campaign, Vitamin A and polio immunization campaign in 2004-2005.

EPI (Expanded Program for Immunization): Santénet participates in the technical and inter-agency coordination committees' meetings to assist in strategic and operational decision-making.

Infectious disease and Malaria

National policy document for the SNLP: Santénet took part in the RBM technical working to develop a new national policy to combat malaria Madagascar

Global Fund Proposal 5th Round: Santénet contributed multisectoral technical assistance, and its experience with Malagasy NGOs, in the drafting of the proposal for Global Fund's 5th Round.

Health System Capacity building

Support to the Roll Back Malaria (RBM) technical network: Santénet's consistent support facilitated the redefinition of roles and responsibilities for RBM partners.

Essential Medical coverage (EMC): To implement the State General Policy on medical coverage for 80 percent of the poorest of the poor, Santénet supported MOH/FP in the design and the piloting of various strategies (Equity Fund and *mutuelles*).

Expansion of points of sales for socially marketed products: Santénet brought its support to the private sector and *Kôminina Mendrika* through training of more than 1700 community-based sales agents (CBDA), in collaboration with PSI.

National Health Policy (NHP): The development of the NHP also profited from the technical support of Santénet.

■ Difficulties encountered in 2004 – 2005

In the realization of Santénet's activities, the team sometimes found itself moving faster than some its partners and needed to slow its pace to that of the partners. The operationalization of the various national policies and strategies has sometimes proven elusive.

■ Planned Activities for 2005 – 2006

For the period from October 2005 at September 2006, the IR2 team intends to reinforce and follow up the different partnerships to operationalize the various partnerships established this year, including the FP/RH partnership, RBM for malaria, and the interagency-coordinating committee (IACC) for EPI. In addition, support to the financing committee for the coordination of health programs appears among the challenges of this year.

In addition, IR2 will focus upon all activities relating to improved access to health products and services, in the public and private sectors: support to the supply chain for FP, GED, EPI, socially marketed products, and other health products, extension of service delivery, and capacity building for the health system.

B. Technical Activities for 2005 – 2006

IR 2.1 – Improving the Logistics System for the Public Sector

Activity 2.1.1 *Support the logistic system for contraceptive products by improving integration with generic essential drugs*

Objective: Ensure the sustained availability of contraceptive products at FP sites.

Description: Despite adequate respect for procurement procedures for contraceptive products, the evaluation of contraceptive product integration in the GED supply chain demonstrated problems meeting delivery deadlines by the Salama schedule, adequate forecasting and timely payment.

To resolve these issues, Santénet will support the Family Health Division (FHD) to identify the problems and to harmonize the procurement of FP products. Santénet will also sponsor workshops on problem identification, training of trainers as well as other trainings at the regional and medical district level.

Moreover, Santénet will support the FHD to carry out quarterly evaluations of the integration of the contraceptive products to ensure better monitoring on user access and availability.

Means of verification:

- Reports from training workshops
- Number of SSD respecting the evaluation criteria for the integration of FP products

Result indicators (PMP):

- Indicator # 1: Rate of contraceptive coverage
- Indicator # 9: Reduction in the number of stockouts of injectable contraceptives at the CBHC level

Technical Assistance and/or resources: MOH/FP.

Activity 2.1.2 Support the MOH/FP in the procurement of contraceptive products

Objective: To have adequate stock levels across the entire supply chain to meet national needs

Description: The GOM objective is to reach an increase in the contraceptive prevalence rate (CPR) by 2 percent annually. The distribution of products through public channels and social marketing networks constitutes an important element in reaching this objective. Therefore, Santénét will support the MOH/FP, through the FHD, in contraceptive product procurement, specifically in support to forecasting and monitoring stocks and orders.

Means of verification:

- Monthly monitoring report
- Availability of planned stocks based on forecasted demand

Result indicators (PMP):

- Indicator # 1: Rate of contraceptive coverage
- Indicator # 9: Reduction in the number of stockouts of injectable contraceptives at the CBHC level

Technical Assistance and/or resources: Short-term technical assistance (STTA) from international and national consultants.

Activity 2.1.3. Support the establishment of new FP sites in health centers

Objective: To make FP services available to all target populations through health centers

Description: Currently, the FP sites in Madagascar total 1,700, while the MOH/FP projects that 2,400 sites are necessary to meet the FP needs of the population. To reach this objective, Santénét will support the FHD and the MOH to conduct a study to determine the necessary technical and supervisory skills needed at the facility level

Means of verification:

- Evaluation report ; number of new FP sites established

Result indicator (PMP):

- Indicator # 1: Rate of contraceptive coverage

Technical Assistance and/or resources: MOH/FP.

Activity 2.1.4. Support to the implementation of Reach Every District (RED) for EPI

Objective: Reinforce technical operations and evaluation capacity for routine immunization (DTC₃HépB₃).

Description: To ensure better child protection, Santénét will continue to support the Immunization Service at the district level, providing training and supervision of activities which will improve data analysis and promote the systematic utilization of data for decision-making at a local level.

Supportive supervision will be conducted in a manner which will motivate and improve staff performance, the ability to analyze progress against indicators and the effective use of data for decision-making. The supervisory visits will examine technical elements, resources, logistics, cold chain, waste management, organization and coordination. Improvements are expected at every level -- in planning, implementation and management is critical to the RED approach, which is an essential element in assuring long-term sustainability.

Means of verification:

- Monthly data evaluation reports
- Reduction in drop-out rates for FP

Result indicator (PMP):

- Indicator # 2: DPT 3 coverage

Technical Assistance and/or resources: MOH/FP.

Activity 2.1.5 Ensure the proper function of the cold chain for EPI

Objective: To reinforce the logistics system and the cold chain management for the National Immunization Program.

Description: All immunization activities (e.g. resources management for fixed and mobile operations, the monitoring, supervision, establishment good relations with the community, etc.) depend on an efficient and effective logistic system which includes: the vaccine management (forecasting, orders, conservation, distribution, consistent availability, storage which meets standards at every level), especially cold chain management and the maintenance of all equipment. This requires an update of the EPI management tool at the central level.

This activity requires a preliminary study on personnel resources available at the district level which includes district health services and an update of the functioning equipment used in the cold chain. Santénet will ensure technical and financial assistance for training and supervision of district-level cold chain managers in KM communes.

Means of verification:

- Percentage of KM communes with functioning cold chain systems
- District health services able to operate the logistics of cold chain management
- Number of people trained and able to maintain the cold chain

Result indicators (PMP):

- Indicator # 2: DPT 3 coverage
- Indicator # 10: Functional cold chain at the CBHC level

Technical Assistance and/or resources: MOH/FP STTA from international and national consultants.

Activity 2.1.6 Support EPI data management through the use of computerized management tools

Objective: To improve data quality.

Description: With the support of partners during 2005, MOH/FP made great strides to improve data reliability, quality, analysis, and the systematic use of data at the local level, Santénet will support this effort in the long term, providing technical and financial support through the installation of data processing software and the training of RHD and MOH/DHS data analysts.

Means of verification:

- Immunization coverage of health districts as planned the MOH/FP's annual work plan; installation of software

Results indicator (PMP):

- Indicator # 2: DPT 3 coverage

Technical Assistance and/or resources: MOH/FP.

Activity 2.1.7 Ensure adequate supervision of operations for the EPI program

Objective: To collaborate in the installation of the MIS to improve data-for-decision making and effective epidemiological monitoring in targeted sites

Description: Supervisory activities ensure regular supplies of vaccines and consumables, improved quality of service, and effective epidemiologic monitoring to eliminate tetanus, control measles and eradicate polio.

Means of verification:

- Timely completion of reports

Results indicator (PMP):

- Indicator # 2: DPT 3 coverage

Technical Assistance and/or resources: MOH/FP.

Activity 2.1.8 Participate in national vitamin A and deworming campaigns

Objective: To contribute to the fight against vitamin A in children under five.

Description: In Madagascar, infant mortality rate for children under five (TMM5) is estimated at 136 deaths per 1000 live births. The negative consequences of Vitamin A and iron deficiency among children and women have a great impact on child development. Malnutrition associated with other infectious diseases plays a major role in the high infant mortality rate.

Madagascar organizes two yearly campaigns to reduce Vitamin A deficiency. Santénet will bring technical and financial support to increase coverage of these campaigns; IR2 will provide technical and logistical help to ensure the availability of products and services, complementing IRI's financial and technical support to community mobilization activities. Moreover Santénet will provide logistical support to ensure the availability of products necessary for National Child Health Week.

Means of verification:

- Rate of Vitamin A coverage

Results indicator (PMP):

- Indicator # 2: Vitamin A supplementation coverage

Technical Assistance and/or resources: MOH/FP.

Activity 2.1.9 Provide logistical support to the MOH/FP and partners to introduce the new malaria treatment protocol

Objective: To facilitate the introduction of new malaria treatment.

Description: In the fight against malaria, the MOH/FP plans to introduce a new treatment protocol. The progressive introduction requires constant technical and financial support from partners. Santénet will support targeted health districts, in terms of logistics, monitoring and supervision of activities, in collaboration with the SNLP.

Means of verification:

- Implementation plan to introduce new treatment protocol

Results indicator (PMP):

- Indicator # 11: Santénet Champion Communes have an established distribution system for social marketing products

Technical Assistance and/or resources: MOH/FP.

Activity 2.1.10 Support the distribution of ITNs for pregnant women and children under five through the public health system

Objective: To prevent malaria in pregnant women and children under five.

Description: The most effective prevention methods currently used to combat malaria is the use of ITN. ITN use is also one of the Abuja Objectives, to which Madagascar is signatory. For pregnant women and children less than 5 years, the distribution of ITN is targeted in public health centers who conduct antenatal consultations (ANC) as well as for children who receive vaccinations.

Santénet will contribute to ITN distribution at a logistics level to ensure product availability, for ITNs and other products related to malaria prevention (e.g., reimpregnation kits), based on MOH policies and needs, and will assist in the evaluation of activity indicators.

Means of verification:

- Number of ITNs distributed

Results indicator (PMP):

- Indicator # 11: Santénet Champion Communes have an established distribution system for social marketing products

Technical Assistance and/or resources: MOH/FP.

Activity 2.1.11 Support the implementation of the condom programming strategy

Objective: To support the fight against HIV/AIDS/STI.

Description: The ES/NACC, with the technical aid of Santénet and other partners, developed a distribution plan and demand generation activities for the 15 million condoms financed by the African Development Bank. The challenge is to increase condom use, particularly among high-risk populations, without destabilizing the social marketing program which distributed the majority of the 12 million condoms distributed annually in Madagascar. Santénet will continue to furnish technical support to operationalize the distribution plan and to ensure consistent communication amongst the players in condom programming.

Means of verification:

- Functioning of the public sector condom procurement system (FIMAILO)

Results indicator (PMP):

- Indicator # 4: Condom use at last sexual encounter with a paying partner, among youth and commercial sex workers

Technical Assistance and/or resources: STTA.

Activity 2.1.12 Participate in the continuing fight against malaria

Objective To promote a favorable environment for accomplishing planned activities.

Description: In the fight against malaria, Santénet will technically support the finalization of the national malaria policy; assist the MOH/FP in coordinating the Roll Back Malaria (RBM) committee; support implementation of an effective M&E system; and provide technical resources to the MOH/FP and other partners to allow them to more actively participate in national and international fora.

Means of verification:

- National policy finalized
- M&E system established and functioning
- Participation in national and international events

Results indicators (PMP):

- Indicator # 16: Policies, standards and protocols (PNP) in Santénet technical areas are updated
- Indicator # 18: Performance standards achieved by practicum sites in Santénet intervention zones

Technical Assistance and/or resources: MOH/FP.

Activity 2.1.13 Continue the active participation in the technical IACC for EPI program

Objective: To take part in decision-making and strategy development bodies for EPI.

Description: The technical and senior IACC for EPI represent an important platform for the principal actors in EPI program in Madagascar. It plays a critical coordination role for the programming EPI activities. Santénét will continue to provide technical assistance and expertise to these committees to ensure the optimal management of the EPI program.

Means of verification:

- IACC meeting notes
- EPI Road Map completed

Results indicators (PMP):

- Indicator # 2: DPT 3 coverage
- Indicator # 10: Functional cold chain at the CBHC level

Technical Assistance and/or resources: MOH/FP.

IR 2.2 – Expanding the Wholesale and Retail Network for Socially Marketed Products

Activity 2.2.1 Expand the private sector and NGO distribution networks to ensure availability of socially marketed products

Objective: To reinforce the capacity of the CBD agents and to ensure availability of socially marketed products.

Description: The community-based case management of disease is one of the most appropriate approaches for developing countries. Santénét will work in close cooperation with PSI, to train CBD agents in *Kôminina Mendrika* communes to extend the social marketing distribution network and to facilitate home-based care for certain disease.

Activities include training of CBD agents to assist in home-based treatment for malaria; assistance to the community-based distribution of Palustop; ensure access to important health products, notably ITNs for malaria prevention, contraceptives, and Sur'eau for increased access to safe water.

Means of verification:

- Number of points of sale

Results indicator (PMP):

- Indicator # 12: Number of social marketing products sold in Santénét Champion Communes

Technical Assistance and/or resources: Partnership with PSI.

Activity 2.2.2 Support NGOs with FP service delivery sites in the management and procurement of contraceptive products.

Objective: Reinforce the availability of FP products for the clients of NGOs through the private sector network.

Description: Currently a number of NGOs operate health centers which provide FP services by distributing social marketing products, like Pilplan®, Confidence® and Protector More®. Other FP methods like Norplant®, and IUDs are not available from these centers even though they have the capacity to offer the surgical methods. Santénét will work with their partner NGOs, PSI, the MOH/FP and SALAMA to reinforce and expand the NGO procurement network for contraceptive products.

Means of verification:

- Number of sites utilizing the full range of FP products

Results indicator (PMP):

- Indicator # 1: Contraceptive prevalence rate

Technical Assistance and/or resources: MOH/FP.

Activity 2.2.3 Support the implementation of a Workplace Initiative targeting the private sector for all areas of Santénét intervention (HIV/AIDS, FP, Malaria, Child Health)

Objective: To facilitate access of workers and their families to health services.

Description: The formal and informal private sector constitutes the major source of income and an important network for economic development in Madagascar. Thus it represents a powerful means of reaching a great number of people. Santénét will bring its support to private sector initiatives to improve access to health services and to develop training curriculum for peer educators. As mentioned in Activity 1.2.3, Santénét will target companies operating in KM communes and will adapt the KM approach to the workplace: *Orinasa Mendrika*.

Means of verification:

- Number of workplaces supported
- Standardized peer educator curriculum available

Results indicator (PMP):

- Indicator # 12: Number of social marketing products sold in Santénét Champion Communes

Technical Assistance and/or resources: OSIE, PSI, ES/NACC, GTZ, BIT.

IR 2.3 –Increase access of priority health services to remote populations

Activity 2.3.1 Expand private sector/NGO distribution networks to increase access of social marketing products to remote populations, targeting priority biodiversity conservation areas

Objective: To reinforce the capacity of the CBD agents and to ensure availability of socially marketed products.

Description: The community-based case management of disease is one of the most appropriate approaches for developing countries. Santénét will work in close cooperation with PSI to train CBD agents in *Kôminina Mendrika* communes located in priority biodiversity conservation areas to extend the social marketing distribution network and to facilitate home-based care for certain diseases.

Activities include training of CBD agents to assist in home-based treatment for malaria; assistance to the community-based distribution of Palustop; ensure access to important health products, notably ITNs for malaria prevention, contraceptives, and Sur'eau for increased access to safe water.

Means of verification:

- Number of points of sale

Results indicator (PMP):

- Indicator # 12: Number of social marketing products sold in Santénét Champion Communes

Technical Assistance and/or resources: Partnership with PSI.

Activity 2.3.2 Support the implementation of basic medical coverage strategy

Objective: To improve access to health services.

Description: The MOH/FP supports two mechanisms to assist populations to access health services: The Equity Fund will assist the poorest of the poor, while *mutuelles* — community-based payment schemes — will work with local associations to increase access by those who can make some kind of payment towards health services. As *mutuelles* become increasingly popular and effective mechanism to increase access, the development of a guide for *mutuelles* will help communities better organize and manage the schemes. Santénet is the MOH/FP's principal partner in this activity, and commits itself to continuing its technical assistance for drafting the guide and monitoring and evaluating the effectiveness of the initiative.

Means of verification:

- Local development councils (LDCs) identified and cost of service delivery estimated, according to the progress chart
- *Mutuelle* guide finalized
- Implementation plan established.

Results indicator (PMP):

- Indicator # 13: Proportion of curative consultations provided by CBHC in Santénet Champion Communes

Technical Assistance and/or resources: MOH/FP, MCDI, STTA from international consultant.

IR 2.4 – Increasing the Nutritional Value of Agricultural Products

Activity 2.4.1 To undertake a feasibility study for the introduction "orange flesh sweet potato" to targeted KM communes

Objective: Explore mechanisms to introduce vitamin-enriched crops to the Malagasy market.

Description: This phase, planned for the beginning of this second year, consists of conducting a feasibility study to examine the viability of the orange flesh sweet potato to local Malagasy markets. Based on recommendations from the study, Santénet and its partners will encourage initiatives with community vegetable garden programs in the KM to introduce the orange flesh sweet potato as a vitamin-A rich crop and a source of revenue for local farmers.

Means of verification:

- Number of KM communes which have cultivated and introduced "orange flesh sweet potato" into the local market with Santénet funds.

Result Indicator (PMP):

- Indicator # 13: Vitamin A supplementation coverage

Technical Assistance and/or Resources: ERI, CARE, HKI.

IR 2.5 – Improving Water Management for Agriculture and Households

Activity 2.5.1 Improve the environmental hygiene and sanitation component (including promotion of the Sur'Eau) through an integrated plan of action

Objective: Improve water quality in the intervention areas.

Description: Based on the document prepared last year, Santénet and the partners identified will establish integrated plans of action together and distribute the tasks by prioritizing environmentally vulnerable areas. Santénet will provide financial support for initiatives to

improve the environmental hygiene and sanitation components in two pilot areas per province.

Means of verification:

- Plan of action established and coverage assessment report

Result Indicator (PMP):

- Indicator # 12: Number of social marketing products sold in Santénet Champion Communes

Technical Assistance and/or Resources: MOH, PS.

VIII. Intermediate Result 3 | Improving the Quality of Selected Health Services

A. Summary

While IR1 and IR2 are intended to increase the demand for priority health products and services, as well as their availability, IR3 is working to **improve the quality** of health services. Better services will help encourage family planning, improve child health, control malaria, and prevent HIV/AIDS. In order to improve the quality of such services, IR-3 activities are designed to strengthen and improve the Policies, Standards and Protocols (PSPs) for health services in the public and private sectors (IR3.1), improve service providers' ability to provide high-quality health services (IR3.2), and introduce operational models for quality assurance (IR3.3).

■ Major Achievements in 2004 – 2005

During the project's first year, Santénét's approach was designed to reach specific objectives in the areas of: 1) updating PSPs; 2) improving national agencies' capabilities through pre- and in-service training; and 3) implementing a quality assurance system within the country's health care system, with a focus on introducing the "Performance and Quality Improvement for Priority Health Services" (PQI) approach.

During implementation of the program, additional activities were assigned to the IR3 team members, namely: carrying out a pilot study on the Standard Days Method (SDM) for family planning in Antananarivo, Antsirabé and Toamasina; providing technical support to NGO partner ADRA for updating and training service providers at its sites, providing technical support to the MAC project for evaluating and training in IP, and introducing the PQI approach in five training centers in Toamasina.

During the planning and implementation of specific interventions, Santénét worked closely with the *Direction Nationale de la Santé Familiale* (National Department of Family Health) and medical and para-medical schools (Faculty of Medicine and Para-medical Training Institute, or PTI).

From October 2004 to September 2005, the IR3 team's efforts resulted in the following major achievements and results:

- Many PSPs were updated, finalized and disseminated with the support of Santénét. The national child health policy will be ratified at the end of September 2005. The National Training Policy is currently being updated. Santénét will continue to provide financial and technical support for the finalization of these two documents, planned for September 2005. Santénét also actively participated in the technical review of the of the new national malaria policy, which will be ratified once it has been vetted by past key partners and stakeholders.
- Updating and improving skills and qualifications of national trainers and a Santénét team with respect to training of trainers for IP and with respect to advanced training skills (23 doctors trained).
- Updating the IP knowledge and skills of service providers from five public health facilities, trainers from 11 practicum sites, and supervisors from training institutions (98 people trained).
- Introduction of the PQI approach at 11 practicum sites, which allowed current performance in FP/STI to be measured at these sites, and development of an individual action plan for solving any quality problems identified. The same exercise was done in health facilities that offer concentrated prenatal care and preventive treatment of malaria during pregnancy (CPC/PMP).
- Provision of technical and financial support to ADRA to hold in-service training sessions in IP (17 service providers trained); contraceptive technology (16 trained), supervisory techniques (9 trained), IEC/BCC/RH (19 trained) and training of trainers (16 trained).
- Piloting SDM made it possible to train 12 trainers, 30 SDM service providers, and 31 presenters responsible for providing information about the methods in neighboring communities. Provision of services began in June 2005 in 19 medical centers/community clinics and two hospitals. To date, 38 clients are using the method.

■ Difficulties Encountered in 2004 – 2005

The decision to update the national RH policy before the standards and protocols was made late (in April) by the Ministry of Health and Family Planning. Notwithstanding, a schedule of updating activities was developed, the list of the National Group of Experts was drawn up, and the terms of reference for the consultant responsible for developing the policy were defined. The director of the National Institute of Public and Community Health (NIPCH) was selected as a national consultant by the Ministry of Health; his fees will be paid by UNFPA. Santénet will support the discussion and consensus meetings concerning the drafts produced. Moreover, the MOH/FP did not decide until August 2005 to update the RH standards and protocols at the same time the national policy was developed. To this end, Santénet financed a planning and consensus-building workshop on August 18 to set up a work schedule and the terms of reference for the members of the working group.

It took some time for cooperation with the Faculty of Medicine to get off the ground, because the team had problems finding a committed faculty contact who was willing to help to define the technical assistance needs and the activities to be implemented in cooperation with Santénet. We were asked at a late date to contact the pediatrics and obstetrics/gynecology department heads to define what could be done in the areas of child survival and reproductive health. A plan for assistance in the area of child health was proposed in May 2005 and a work schedule was set in August 2005.

The SDM-based family planning activity held by the Madagascar Catholic Physicians' Association (*Association des Médecins Catholiques de Madagascar*) was delayed by administrative procedures (a memorandum of agreement with Santénet) required by its president before the program could begin. Training of service providers and presenters was planned for the last week of September 2005.

■ Activities Planned for 2005 – 2006

The specific objectives for 2006 are meant primarily to support the strategic focus areas defined by Santénet, namely FP/RH, STI/HIV/AIDS and child health and malaria. With IR3 team support, Santénet will continue to concentrate on achieving one of the intermediate results to improve the quality of selected health services. In order for the services to be of high quality, they must be in accordance with standards and directives that are based on scientific evidence. During the second year, Santénet will work to maintain and improve quality at three levels, namely, the national, community CBHC and household levels.

Throughout the year, Santénet will continue to support the Ministry of Health and Family Planning as it finalizes its policy updates and RH/FP standards and protocols revision. Additional support from UNFPA, UNICEF and WHO will help make this effort a reality (**activity 3.1.1**). Given that the PSP development/update process will take time, Santénet, in cooperation with MOH/FP and the MAC project, developed interim desired performance standards in RH/FP, STI and CPC/PMP, which have been accepted by the MOH/FP and have allowed the introduction of the PQI approach at eleven practicum sites. Creation of these standards will speed up the process of updating the standards and protocols in these three specific areas. In 2006, Santénet will also support the development of desired performance standards for child health (**activity 3.1.2**) to facilitate the introduction of PQI in child health in KM communes.

To support continuing education of service providers, Santénet will help a group of master trainers to standardize and update their knowledge in the identified technical areas. All of these trainers will be used to update/train service providers at practicum sites and the CBHCs in KM communes. This will give the MOH/FP a core group of master trainers at the national and regional level who are qualified and competent to train in IP, FP/STI/HIV, and CPC/PMP. In turn, trained service providers will be capable of providing high-quality services (**activities 3.2.1 to 3.2.5**).

In this way, Santénet will be able to meet the service provider training/updating needs in the CBHCs in the KM communes (**activities 3.2.6 and 3.2.8**, in terms of contraceptive technology, syndromic management of STIs, supportive supervision and FP/STI/HIV counseling).

For pre-service training, the introduction of PQI enabled the 11 practicum sites to identify common training needs in contraceptive technology, syndromic management of STIs, supportive supervision and FP/STI/HIV counseling. To help meet these needs, Santénet will organize training and refresher workshops (**activities 3.2.9 and 3.2.10**). To improve the quality of these training sessions, Santénet will make available updated teaching materials and mannequins for students.

Santénét will also support an update of the IMCI (integrated management of childhood illness) and ENA (essential nutrition actions) training modules for the PTIs, refresher of the decision-making algorithm for classification and treatment, and adaptation/development of an IMCI workbook (**activity 3.2.11**).

Professors at the faculties of medicine will be trained in effective teaching methodology for IMCI, and the PTI monitors will be trained as trainers, as well as in the use of updated IMCI guides, and in essential nutritional actions (**activities 3.2.12 and 3.2.13**).

In addition, the training institutions and the MOH/FP will receive support to revise the hospital training program in emergency obstetrical and neonatal care (EONC). This will be done by updating the key stakeholders in EONC, developing desired performance standards for EONC, and updating the EONC training curriculum (**activity 3.2.14**). All agents trained during these sessions will be periodically supervised to ensure that the knowledge acquired is correctly applied (**activity 3.2.15**).

With regard to improving the quality of service delivery, the IR3 team, in cooperation with the site supervisors, the MOH/DHS and the regions will follow up, with STTA from JHPIEGO, on the implementation of the PQI action plans at the 11 practicum sites and will periodically evaluate the progress made in applying standards (**activities 3.3.1 to 3.3.3**).

PQI expansion will occur at the CBHCs level in the KM communes. High-performing CBHCs will be given the title of “Quality CBHCs” through a certification process. In these health facilities, IP, FP, STI, CPC/PMP and child health will be an integral part of the PQI approach. The second-year interventions will allow Santénét to improve KM implementation, ultimately contributing to improved nutritional and child health services and increasing the use of FP/STI and PMP services (**activity 3.3.4**).

The team will continue to follow up on the SDM pilot study and, in cooperation with the Institute for Reproductive Health (IRH) of Georgetown University and the MOH/FP, will organize an evaluation of the results achieved in 2005 with a view to scaling-up the program (**activity 3.3.5**).

B. Technical Activities for 2005 – 2006

IR 3.1 – Improving Policies, Standards and Protocols (PSP) for Public and Private Sector Health Services

Activity 3.1.1 Support the ratification of the national RH policy and the updating of the RH standards and protocols

Objective: Support the MOH/FP in updating the RH national policy, standards and protocols.

Description: Preparatory activities to facilitate this objective have begun, namely the creation of a National Group of Experts and the development of its terms of reference, the clarification of the working method, the selection of a consultant to update the RH policy with UNFPA's funding, and the development of a timeline for revising the policy, as well as the standards and protocols.

Santénét will provide financial and logistical support for dissemination of the new policy in partnership with the other bilateral cooperation agencies such as UNFPA and WHO.

With respect to the RH standards and protocols, we will support the revision process by updating the working group members with regard to new scientific data in RH, organizing consensus-building meetings, holding a national ratification workshop, and dissemination of documents to health facilities.

Means of verification:

- The national policy in reproductive health is updated and ratified. The RH standards and protocols are updated again

Result indicator (PMP):

- Indicator # 16: Policies, standards and protocols (PNP) in Santénet technical areas are updated

Technical assistance and/or resources: JHPIEGO will furnish technical assistance for updating the members of the National Group of Experts.

Activity 3.1.2 Develop desired performance standards for child health

Objective: Incorporate child health into the Performance and Quality Improvement (PQI) approach in the health facilities.

Description: Activities will be undertaken to develop standards of desired performance in child health based on existing national reference documents and international reference documents from WHO and UNICEF. These standards, the IMCI clinical guide and the new national child health policy will serve as reference documents for revising and simplifying teaching tools for the PTIs, namely the IMCI training curriculum, the learning guides, the IMCI algorithm, and the student workbook.

Means of verification:

- Desired performance standards available

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénet intervention zones

Technical assistance and/or resources: MOH/FP (Child Health Department) to define the level of effort that each supporting partners should provide (UNICEF and/or WHO).

IR3.2 – Improving Service Providers’ Ability to Deliver Quality Health Services

After the introduction of the PQI approach in 2005, common training needs were identified at the 11 practicum sites. To meet these needs, Santénet proposes to improve the skills of a larger core group of RH, STI, and CPC/PMP trainers to support the training of service providers working in the CBHCs of KM communes, as well as at the 11 practicum sites. In 2006, the IR3 team will be asked to provide support for the pre-service training and in-service or refresher training using IMCI and ENA teaching tools developed by the MOH/FP and Linkages.

In-service Education

Activities 3.2.1 Organize a training workshop on designing teaching programs for advanced trainers

Objective: Create of a core group of qualified and competent trainers at the national and regional levels.

Description: Twenty-three advanced trainers were trained in 2005; in 2006 the same group will be trained in techniques curricula and program development and will be used to update the RH, EONC and child health training curricula.

Training in designing teaching programs will be preceded by a ten-day update – five days will focus on innovations in contraceptive technology; five days will focus on producing a FP training module that is also in compliance with defined performance standards. The updated FP module will be used to update master trainer candidates and service providers at the practicum sites and the KM CBHCs. It will be printed and disseminated to the regions and partners.

Means of verification:

- 23 advanced trainers updated in FP, trained in designing teaching programs
- Updated national module for FP training

Result indicator (PMP):

- Indicator # 17: MOH/FP training curricula updated in each of the Santénet technical areas

Technical assistance and/or resources: JHPIEGO will furnish technical assistance and MOH/FP will make human resources available.

Activities 3.2.2 Update master trainers in STI and CPC/PMP

Objective: Create a core group of qualified, competent trainers at the national and regional level.

Description: In order to become qualified advanced trainers, the 23 advanced trainers trained in 2005 each facilitated one module during the training of trainers (TOT). In 2006, the master trainers will facilitate the TOT for the KM CBHC providers. These master trainers will receive updated training in STI and CPC/PMP. The training session will be led by a Santénet trainer and a resource person from MOH/FP.

Means of verification:

- Twenty-three advanced trainers updated in STI and CPC/PMP

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénet intervention zones

Technical assistance and/or resources: MOH/FP will make human resources available.

Activity 3.2.3 Update training-of-trainers candidates in IP, FP, STI, and CPC/PMP

Objective: Create a core group of qualified and competent trainers at the national and regional level.

Description: 25 candidates for training of trainers will be identified based on clearly defined selection criteria to participate in a ten-day TOT to train the KM CBHCs.

Means of verification:

- 25 trainer candidates updated and competent in the technical areas indicated.

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénet intervention zones

Technical assistance and/or resources: MOH/FP will make human resources available.

Activity 3.2.4 Organize training-of-trainers workshops

Objective: Create a core group of qualified and competent trainers at the national and regional level.

Description: The 25 TOT candidates will be trained and in order to become qualified, they are to offer training sessions to the service providers working in the KM CBHCs and the practicum sites.

Means of verification:

- 25 participants trained in training of trainers and promoted to the status of master trainer

Result indicators (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénet intervention zones
- Indicator # 19: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion

communes

Technical assistance and/or resources: JHPIEGO will furnish technical assistance and MOH/FP will make human resources available.

Activity 3.2.5 Train the trainer supervisors in techniques of supportive supervision

Objective: Create a core group of qualified and competent trainers at the national and regional level.

Description: Supervision is a key supportive approach for the service providers to help solve service delivery issues. Evaluations of service delivery indicate that supervision is not provided on a regular basis in Madagascar due to logistical/resource constraints; supervision that is provided does not always effectively meet the needs of the centers, and the approach used focuses on verification over a short period of time.

The “supportive supervision” approach will give service providers and supervisors a chance to interact and communicate in a participatory way and to work as a team to remedy existing weaknesses. The training will develop skills at the CBHC level, which will allow the CBHC to auto-evaluate, follow up on its own activities, and improve problem areas between external supervisory visits.

A core group of 25 supervisors, 20 from the regional level and the KM MOH/DHS and five from the central level (including a representative of the following MOH services: FP, STI, PMP, and child health) will be selected to participate in the TOT. These participants will, in turn, train the internal supervisors at the practicum sites and at the KM CBHCs, as well as the SSD and the KM partners.

Means of verification:

- 25 supervisors trained as trainers in the supportive supervision technique.

Result indicators (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénét intervention zones
- Indicator # 19: Percentage of CBHC meeting “Quality CBHC” criteria in the Champion communes

Technical assistance and/or resources: JHPIEGO will furnish technical assistance and MOH/FP will make human resources available.

Activity 3.2.6 Train the external supervisors of the SSD and KM partners and the internal supervisors at the practicum sites and KM CBHCs in supportive supervision.

Objective: Improve the quality of supervision in the health facilities and offer the service providers and external supervisors the opportunity to interact and work as a team to remedy existing weaknesses.

Description: Three workshops will be held to train 64 supervisors from the 27 MOH/DHS and the KM commune partners, as well as 11 internal supervisors from the practicum sites.

Means of verification:

- 75 competent supervisors to supervise the service providers

Results indicator (PMP):

- Indicator # 19: Percentage of CBHC meeting “Quality CBHC” criteria in the Champion communes

Technical assistance and/or resources: MOH/FP will make human resources available.

Activity 3.2.7 Update the service providers from the KM communes' CBHCs

Objective: improve the quality of services in the KM communes' CBHCs.

Description: Some 147 CBHCs were counted in KM communes. Since the number of health agents working in these centers is small, arrangements will be made to ensure adequate human resources are available at the CBHCs, even during training. These alternatives will vary depending on the categories of the CBHCs and on the number of existing service providers.

For category 1 CBHCs (40) with an average number of three service providers: refresher courses in IP, FP, STI, CPC, and PMP will be offered in three ten-day workshops with 25 people per workshop. For category 2 (49) and three (38) CBHCs, the update workshops will be offered at the same time as the monthly technical meetings for each SSD. The SSD trainers will be asked to include a day for a refresher module on FP, STI, and CPC/PMP at the time of the technical meetings. The total length of time for covering the topics is not to exceed 10 days. All service providers, regardless of classification, will be updated in IP on site, for two days per site.

Means of verification:

- 187 service providers trained

Results indicator (PMP):

- Indicator # 19: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion communes

Technical assistance and/or resources: MOH/FP will make human resources available.

Activity 3.2.8 Monitor trainees (trainers and service providers)

Objective: improve the quality of services in the KM CBHCs.

Description: Given the large number of agents who will be trained in 2006, Santénet will develop a monitoring plan which takes into account human resource and logistical constraints. For instance, monitoring could be incorporated in the routine supervisory visits and monitoring of PQI activities by the SSD or the KM partners, or the project could employ a questionnaire (developed and distributed by Santénet) that would be filled out by the health agents and compiled by the regional supervisors for analysis.

Means of verification:

- The 147 CBHCs will have been monitored at least once during the year

Results indicator (PMP):

- Indicator # 19: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion communes

Technical assistance and/or resources: MOH/FP will make human resources available.

Initial Training

Activity 3.2.9 Provide appropriate teaching materials for the practicum sites to support supervision of the students

Objective: Facilitate supervision of the students.

Description: In 2005, Santénet provided the training institutions with many educational tools, which were distributed, and with anatomical models of the female pelvis (Zoë model) to help train service providers. In 2006, new needs for such material were expressed by the practicum sites and the training institutions; Santénet has been asked to purchase and make available anatomical models and educational documents for updating service providers. A list was drawn up and sent to the organization.

Means of verification:

- Documents and educational materials made available to the practicum sites and the training institutions

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénét intervention zones

Technical assistance and/or resources: JHPIEGO will provide technical assistance for the translation and adaptation educational materials and tools.

Activity 3.2.10 Organize refresher courses for service providers at the practicum sites

Objective: Meet the training needs identified in the 2005 PQI action plans.

Description: After developing the desired performance standards in FP, STI and CPC/PMP and implementing them at the sites, a need to bring a certain number of training modules up to date again was identified. This includes an update to service provider knowledge and skills to comply with the defined standards. Training topics include contraceptive technology and FP counseling, syndromic management of STIs, and STI/HIV counseling.

Means of verification:

- 25 service providers updated in contraceptive technology and FP counseling
- 25 trained in syndromic management of STI

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénét intervention zones

Technical assistance and/or resources: MOH/FP will make human resources available.

Activity 3.2.11 Support the revision and duplication of IMCI and ENA teaching tools

Objective: Ensure adequate supplies are regularly provided to teaching institutions in a sustainable way.

Description: PTI and the Faculty of Medicine requested that Santénét facilitate the revision and simplification of the IMCI and ENA training modules developed by Linkages and MOH/FP. Santénét will work with the MOH and Linkages, providing technical and financial assistance to this activity.

Means of verification:

- Revised and approved teaching documents available to training institutions in sufficient quantity
- Lasting system for providing teaching materials to students in place

Result indicator (PMP):

- Indicator # 17: MOH/FP training curricula updated in each of the Santénét technical areas

Technical assistance and/or resources: MOH/FP will make human resources available and Linkages will provide technical support.

Activity 3.2.12 Train the IMCI supervisors, evaluators and teachers at the PTI and Faculty of Medicine in Effective Teaching Skills

Objective: Create a core group of qualified, competent trainers in the medical training institutions.

Description: This training series will help the supervisors and evaluators to monitor the use of IMCI and ENA modules in the training institutions. The objective of the training is to make teaching more participatory and active and to ensure effective monitoring of the IMCI and ENA training modules. Santénet will facilitate the translation of the JHPIEGO's Effective Teaching Skills guide. The French version will be reviewed by JHPIEGO/Baltimore, and the associated costs will be shared by Santénet.

Means of verification:

- Fifteen teachers from the faculty and fifteen evaluators trained as trainers and capable of leading training sessions in class using adult education methods.

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénet intervention zones

Technical assistance and/or resources: MOH/FP will make human resources available. JHPIEGO will provide technical assistance in quality assurance of the translation.

Activity 3.2.13 Train the monitors and supervisors in essential nutrition actions (ENA)

Objective: strengthen the trainers' technical skills and improve student monitoring for nutrition internships.

Description: A five-day ENA workshop will be held for 25 PTI supervisors and monitors. The revised training curriculum mentioned in Activity 3.2.11 will be used for this purpose.

Each of these trained agents will be monitored during practice training sessions, and upon successful completion, each will be qualified as a competent trainer.

Means of verification:

- Twenty-five monitors and training supervisors trained in the andragogical (adult education) method and qualified as trainers

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénet intervention zones

Technical assistance and/or resources: MOH/FP and the training institutions will make human resources available.

Activity 3.2.14 Revise the emergency obstetric and neonatal care (EONC) training curriculum for hospitals

Objective: Improve the EONC services offered by the hospitals.

Description: This activity will support the Road Map for Safe Motherhood. Santénet is committed to supporting the MOH/FP in improving the services offered at the practicum sites and incorporating EONC modules into PTI and Faculty of Medicine curricula. Santénet will support the evaluation of the existing EONC training documents; help develop desired performance standards for EONC in the hospital setting, and develop/update the training curriculum. This curriculum should include prevention of mother-child HIV transmission (PMTCT), CPC, PMP, and EONC in accordance with the defined standards.

Means of verification:

- Curriculum documents updated and printed, 20 service providers updated in EONC

Result indicator (PMP):

- Indicator # 17: MOH/FP training curricula updated in each of the Santénét technical areas

Technical assistance and/or resources: MOH/FP and the training institutions will make human resources available

Activity 3.2.15 Provide monitoring for trainees (trainers and service providers)

Objective: Support the supervisors and trainers in improving the quality of teaching.

Description: Monitoring visits to the PTI and Faculty of Medicine will be scheduled to evaluate implementation of skills gained during training. Joint visits by Santénét and the training institutions will be scheduled twice a year.

Means of verification:

- Field visit monitoring report

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénét intervention zones

Technical assistance and/or resources: MOH/FP and the training institutions will make human resources available.

IR3.3 – Implementing Operational Models for Quality Assurance of Selected Health Services

Activity 3.3.1 Ensure monitoring of action plan implementation at the practicum sites

Objective: Support the practicum sites in improving quality of service delivery.

Description: The 11 practicum sites developed PQI action plans in 2005 and received financial support from Santénét to implement them. Santénét and the MOH will undertake joint monitoring visits with to evaluate progress made in implementing the individual action plans and in achieving defined performance standards. Based on the recommendations made during the visit, the sites' action plans will be revised and implemented. The team will use the documents containing the standards and the action plan as monitoring tools.

Means of verification:

- Evaluation report from each site visit
- Best practices documented and published.

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénét intervention zones

Technical assistance and/or resources: MOH/FP will make human resources available.

Activities 3.3.2 Provide chlorine-manufacturing equipment to four regional hospitals

Objective: Provide a regular and adequate supply of concentrated chlorine solution to the practicum sites.

Description: The maternity wards in the health-care facilities in Toamasina, Toliara, Fianarantsoa and the university hospital in Befelatanana are practicum sites; the results of the 2005 PQI showed a clear deficiency in the supply of bleach at the practicum sites in general and in the maternity wards in particular, which affects the quality of practices used in preparing chlorinated solution and the sterilization of contaminated instruments.

Santénet will support these sites by purchasing machines to make chlorine for the hospitals, which will then be able to supply the neighboring CBHCs. A feasibility study is being developed and a cost-benefit analysis of this assistance is in process, which looks at existing storage facilities and availability of raw materials, and human resource/training needs for the machine operator.

Means of verification:

- Chlorine-making machine is available and operational.

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénet intervention zones

Technical assistance and/or resources: Ordering and purchasing will be done externally upon USAID approval.

Activity 3.3.3 Conduct PQI monitoring visits

Objective: improve the quality of service at the practicum sites.

Description: The JHPIEGO trainers who helped introduce PQI at the practicum sites will re-visit the sites in 2006 to evaluate the progress and make recommendations. They will be accompanied on the five-day visits by Santénet managers.

Means of verification:

- All 11 practicum sites evaluated

Result indicator (PMP):

- Indicator # 18: Performance standards achieved by practicum sites in Santénet intervention zones

Technical assistance and/or resources: Santénet will see to logistics and organizing the visits.

Activity 3.3.4 Introduce PQI in the Mendrika communes' CBHCs

Objective: Improve the services offered in the KM CBHCs.

Description: 147 CBHCs were counted in the communes. Santénet has mapped them and grouped them into three categories:

Category 1: These are the CBHCs (40) with a good infrastructure and adequate staff. They will be selected as candidates for certification, and the PQI process will be introduced, employing an external evaluation method.

Category 2: These are the CBHCs (49) with an acceptable infrastructure and a minimum of two staff members, but which may need a certain amount of renovation. The staff members will be given an orientation on PQI to improve services using the self-evaluation method.

Category 3: These are the CBHCs (58) with a poor infrastructure, often with less than two staff members. These CBHCs need more investment. The self-evaluation approach will be introduced to them, along with other appropriate problem-solving approaches.

NB: In the Anosy region, all of the CBHCs will be covered regardless of the condition of their infrastructure.

The introduction process will be preceded by contact visits to the KM communes' category 1 CBHCs, where PQI will be systematically introduced. At the end of the process, CBHCs that meet the defined level of performance will be certified as "quality CBHCs".

Means of verification:

- LCC and evaluation teams established and functional
- PQI action plans developed and implemented

Result indicator (PMP):

- Indicator # 19: Percentage of CBHC meeting “Quality CBHC” criteria in the Champion communes

Technical assistance and/or resources: MOH/FP, Commune, community partners.

Activity 3.3.5 Scale up SDM in the public and private sectors

Objective: Support MOH/FP in scaling up SDM.

Description: In 2005, a pilot study to introduce the Standard Days Method of natural family planning will be evaluated. The anticipated results will help MOH/FP decide whether to expand the method to new public and private sites.

Provisions will be made for selecting new sites for expansion. Santénet will ensure that service providers in these centers are trained in cooperation with those trained in 2005.

Strategies for promoting the method will be discussed and put to work in cooperation with the IRI team; more CBDA community-based outreach workers and distribution agents working near the expansion CBHCs will be trained to promote the method.

Means of verification:

- Ten to 20 additional sites offering the SDM method

Result indicator (PMP):

- Indicator # 1: Rate of contraceptive coverage

Technical assistance and/or resources: Georgetown University’s Institute for Reproductive Health.

IX. Intermediate Result 4 | Improving the Institutional Capacity to Implement and Evaluate Health Programs

A. Summary

Overall, IR4 activities will reinforce the health system and support civil society and NGOs to implement health activities in order to promote family planning, improve children's health, fight malaria and prevent STIs, including HIV/AIDS. **The building of institutional capacities** comes through the improved collection and use of data for decision making (IR4.1), better access to health information (IR4.2), the ability of NGOs to implement health programs (IR4.3) and the capacity of civil society to be an advocate for public health (IR4.4).

■ Major Achievements in 2004 – 2005

During the period of October 2004 to September 2005, the IR2 team's efforts resulted in major results and achievements:

- With regard to the SIS, Santénet was able to assess the Health Information and Management System (HMIS) and begin to implement recommendations from this assessment (update management tools and establish the strategy for using data, coordinate the HMIS and vertical programs, establish the SIS national policy and use data more effectively).
- Santénet supported the MOH/FP to disseminate the results of the 2003 DHS in four provinces. This activity enables the responsible parties at each level of the health system to establish a plan of action for maternal and infant health relative to these results.
- Santénet participated in validating the National Contracting Policy for Health (NCPH). This policy enables all groups, whether public or private, working in the health field to use a system of contracts to improve the performance of the health system.
- With regard to NGO support, Santénet was able to work closely with the International HIV/AIDS Alliance to reproduce and disseminate the IHAA STI Guide in the Santénet intervention provinces.
- IR4 participated in establishing the religious leader's platform with the goal of helping to implement health programs (STI/AIDS, family planning).

■ Difficulties Encountered 2004 – 2005

Taking into account the schedules of the various parties involved (Santénet and its partners), it was decided to confer most IR4.3 activities to the *Kôminina Mendrika* CBHCs. Frequent structural changes at the MOH/FP led to disruptions in certain planned activities (e.g. NCP, HMIS assessment). Activities affected by these changes were rescheduled for 2005-2006.

■ Activities Planned for 2005 – 2006

The activities planned for 2005 – 2006 will generally be the continuation of the 2004-2005 year's activities, working with the public and private sector to build capacity at central and local levels.

In order to reinforce the health system, Santénet will support the MOH/FP in updating the HMIS management tools and strengthening the capacities of the regional health services (RHS) in HMIS (**Activity 4.1.1**), establishing

the national SIS policy (**Activity 4.1.2**), reinforcing communes for better use of health data (**Activity 4.1.3**) and sharing health information (**Activity 4.2.1**).

To improve the capacity of NGOs, Santénet will aid the MOH/FP to implement the National Contracting Policy for Health (**Activity 4.3.1**). In this same framework, Santénet will help the MOH/FP establish and operationalize the FP partnership (**Activity 4.3.2**) and it will facilitate NGO partners' ability to implement KM approach (**Activity 4.3.3**).

Some STI/AIDS prevention activities included in IR4 also support NGOs, namely helping the ES/NACC organize thematic working groups (**Activity 4.3.4**) to establish a common vision and facilitate communication among those involved in the fight against STI/AIDS. Similarly, Santénet will monitor the application of the STI guide in collaboration with ES/NACC as well as the public sector (**Activity 4.3.5**).

To reinforce civil society capacity to better advocate for health, Santénet will support the religious leaders' platform in the implementation of a program to support the new FP and HIV/AIDS strategies (**Activity 4.4.1**).

B. Technical Activities for 2005 – 2006

IR 4.1 – Improving Collection and Use of Data for Decision Making

Activity 4.1.1 Aid in the Update of HMIS Management Tools

Objective: To improve the quality of the data in the HMIS.

Description: One of the obstacles which adversely affects data quality and reliability is the lack of automated data systems in the health system. Therefore, Santénet will help the MOH/FP to provide HMIS management training, to ensure adequate equipment for the regions and to monitor the data managers in targeted regions. By helping the MOH/FP implement the recommendations of the HMIS assessment, Santénet will participate in updating the HMIS management tools.

Means of verification:

- Training reports
- Monitoring reports
- Management tools updated

Result indicator (PMP):

- Indicator # 20: CBHCs in in Santénet Champion Communes produce quality monthly activity reports

Technical Assistance and/or Resources: MOH/FP

Activity 4.1.2 Participate in Establishing the National HMIS Policy

Objective: To contribute to the establishment of a national HMIS policy.

Description: At this time, Madagascar still does not have a national HMIS policy. Santénet will participate in establishing this national policy.

Means of verification:

- Training reports
- Monitoring reports
- Management tools updated
- National SIS policy established

Result indicators (PMP):

- Indicator # 20: CBHCs in in Santénet Champion Communes produce quality monthly activity reports

- Indicator # 21: Use of routine data at the CBHC level in Santénét Champion Communes

Technical Assistance and/or Resources: MOH/FP

Activity 4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data

Objective: To improve data for decision making on the local level.

Description: Health officers alone cannot resolve the various health problems ravaging their communes. The participation of local leaders and authorities facilitates the resolution of these problems.

The chartbook is a low-tech tool which allows stakeholders to track trends in health indicators using locally collected data in a manner which allows for better data-for-decision making. Using the chartbook, health officers, local leaders and authorities (the KM Committee) are able to determine the actions based on trends in the health indicators noted in the chartbook. Santénét, in partnership with the MOH/FP, will pilot implementation in five to 10 pilot communes by training the managers and leaders of each commune and through regular monitoring.

Means of verification:

- Training report
- Monitoring report

Result indicator (PMP):

- Indicator # 21: Use of routine data at the CBHC level in Santénét Champion Communes

Technical Assistance and/or Resources: MOH/FP

IR4.2 – Expanding Access to Health Information

Activity 4.2.1 Support sharing of health information

Objective: To improve the sharing of lessons learned and information through the stakeholders.

Description: Insufficient systematic sharing of information is a big weakness of the Malagasy health system. Many quantitative and qualitative studies conducted every year, as well as the monitoring systems and collection of routine information, provide a wealth of information, which is underutilized. One of the reasons for the underutilization is the absence of a forum for sharing, making regular exchanges possible. Santénét will seize all opportunities to help the MOH/FP and partners use information better.

Means of verification:

- Report on dissemination and sharing activities

Result indicators (PMP):

- Indicator # 20: CBHCs in in Santénét Champion Communes produce quality monthly activity reports
- Indicator # 21: Use of routine data at the CBHC level in Santénét Champion Communes

Technical Assistance and/or Resources: Santénét Team.

IR4.3 – Improving NGO Capacity to Implement Health Programs

Activity 4.3.1. Help the MOH/FP Implement Activities Related to the National Contracting Policy for Health

Objective: To institutionalize the mechanism for contracting for health services.

Description: Contracting in the health field is a tool that contributes to improving the performance of the health system. To do this, Santénet will support the process to establish the practical guide on NCPH. Then, Santénet will participate in facilitating the implementation of these guides by the contracting parties.

Means of verification:

- Guide established
- Activity report

Result indicator (PMP):

- Indicator # 6: Number of communes that achieve Santénet *Kôminina Mendrika* (Champion Commune) status

Technical Assistance and/or Resources: MOH/FP, MCDI and STTA from international consultant.

Activity 4.3.2 Support the FP Partnership

Objective: To support the implementation of the new FP strategy.

Description: To achieve the objectives set forth in the new FP strategy, it is essential to establish a platform, which will work to mobilize funds and advocate FP. To do this, Santénet will help the MOH/FP organize meetings intended to establish and make operational this FP partnership.

Means of verification:

- FP partnership established
- FP partnership operational

Result indicator (PMP):

- Indicator # 1: Rate of contraceptive coverage

Technical Assistance and/or Resources: MOH/FP, FP partnership.

Activity 4.3.3 Facilitate partners' capacity to implement the *Kôminina Mendrika* approach

Objective: Ensure that NGOs are able to implement the health program and focus Santénet actions on KM objectives.

Description: In order to have better assurance/quality and in an effort to coordinate the uniformity of the approaches, Santénet will conduct discussion workshops with its partners every 6 months. IR4 will reinforce the partners' capacity for increased effectiveness (more competitive partners that need less supervision) and increased efficiency (reduce implementation costs).

Means of verification:

- Biannual review workshops conducted

Result indicators (PMP):

- Indicator # 6: Number of communes that achieve Santénet *Kôminina Mendrika* (Champion Commune) status
- Indicator # 8: Number of communes in priority biodiversity conservation areas that achieve Champion Commune status

Technical Assistance and/or Resources: MOH/FP.

Activity 4.3.4 Help the ES/NACC organize thematic working groups

Objective: To contribute to establishing a common vision and encourage communication.

Description: To create an environment favorable to a multi-sectoral response to HIV/AIDS, Santénét will participate in the design and provide financial assistance to create a national forum to address specific topics of concern in the fight against HIV/AIDS

Means of verification:

- National forum conducted

Results indicators (PMP):

- Indicator # 4: Condom use at last sexual encounter with a paying partner, among youth and commercial sex workers
- Indicator # 13: Proportion of curative consultations provided by CBHC in Santénét Champion Communes
- Indicator # 15: Availability of social marketing STI treatment kits at the CBHC level

Technical Assistance and/or Resources: ES/NACC, UNAIDS, stakeholders working in HIV/AIDS.

Activity 4.3.5 Monitor the application of the STI guide

Objective: To measure the effectiveness of the IHAA STI Guide in increasing awareness of risks associated with STIs.

Description: The STI prevalence rate remains rather high in Madagascar, despite the efforts to transmit IEC/BCC messages and increase product availability. A quantitative and qualitative assessment will be carried out to measure the effectiveness of the IHAA STI Guide in increasing awareness and changing behavior to reduce the risk of STI (including HIV/AIDS) transmission.

Means of verification:

- Assessment report

Results indicators (PMP):

- Indicator # 4: Condom use at last sexual encounter with a paying partner, among youth and commercial sex workers
- Indicator # 13: Proportion of curative consultations provided by CBHC in Santénét Champion Communes
- Indicator # 15: Availability of social marketing STI treatment kits at the CBHC level

Technical Assistance and/or Resources: International HIV/AIDS Alliance, MOH/FP.

IR4.4 – Increasing Civil Society’s Capacity to Advocate for Public Health Issues

Activity 4.4.1 Assist the religious leaders’ platform to support the new FP and HIV/AIDS strategy.

Objective: To encourage religious leaders to participate in and support the objectives of the new FP and HIV/AIDS strategy.

Description: Following the proposal submission by the religious leaders’ platform to the Flex-Fund and other donors, Santénét will continue its support to the platform to implement its activities, specifically their information-sharing meetings, and to assist in monitor activities. In addition, the team will support the preparation of the next submission to maintain continuity for the platform’s program.

Means of verification:

- Platform activity reports available

Result indicator (PMP):

- Indicator # 1: Rate of contraceptive coverage
- Indicator # 13: Proportion of curative consultations provided by CBHC in Santénet Champion Communes

Technical Assistance and/or Resources: ES/NACC, FBOs, partners working in HIV/AIDS.

X. Program Management

A. Monitoring and evaluation

The following section describes important tools to ensure the effective and efficient management of the project, as well as providing timely, high-quality deliverables per the terms of the contract. This section outlines activities in monitoring and evaluation, communication,

The monitoring and assessment of Santénet's progress toward its objectives is both a contractual obligation and management tool.

The collection and use of information on the progress of the program and its impact on the population level are a fundamental component of the project's management. Analysis of this information makes it possible to better understand the implementation process of the program, determine whether the activities are conducted according to the initial plans and know whether the established objectives have been achieved.

Activity A1. Implementation of the Monitoring/Assessment Plan

Objectives: To monitor and assess the progress made in comparison with the activities planned and to assess the impact of the activities on the beneficiary population.

The first year saw the preparation of the Santénet Monitoring/Assessment Plan. During the second and following years, the primary activity of the Monitoring/Assessment unit has been the implementation of this Monitoring/Assessment Plan.

In order to conduct this activity in an appropriate manner, the following steps were identified:

- Collection of data on the performance indicators defined in the Monitoring/Assessment Plan by the various managers under the supervision of each IR team leader with the support of the Monitoring/Assessment unit
- Analysis of the data by each team in order to identify and explain possible breaches
- Verification by the Monitoring/Assessment unit of the quality of the data presented by the IRs
- Preparation by the Monitoring/Assessment unit of an annual progress report including all these data. This report will be submitted to the COP for final review and approval prior to submission to USAID

Timing: At the end of October of each year, Santénet's annual progress report will be submitted to USAID.

Technical Assistance and/or Resources: The parties responsible for each indicator and those responsible for each IR.

Outcomes/Outputs: The annual performance report is submitted to USAID on time.

Activity A2. Conduct a quick survey of the Kôminina Mendrika [communes]

Objective: To assess the evolution of the key indicators on the level of the communes involved in the Kôminina Mendrika approach.

The data gathered during this survey will be compared to those of the baseline survey conducted in these communes during the month of July 2005 in order to assess the progress made in these communes after 12 months (or nine months) of activities.

A consulting firm will be hired to collect and capture the data. A Santénet team consisting of Santénet HMIS specialist and the Monitoring/Assessment unit will analyze the data and draft the

survey report to then be shared with the members of the Santénet team and various partners (MOH/FP, and NGO implementing the *Kôminina Mendrika* approach).

Timing: The data will be gathered and analyzed at the end of the first *Kôminina Mendrika* cycle.

Technical Assistance and/or Resources: Local consulting firm.

Outcomes/Outputs: The data are collected and analyzed and the survey report is disseminated to the members of the Santénet team and to all partners.

B. Communication

In this section we describe activities that Santénet will undertake to communicate project activities. This includes periodic reports to USAID which are required deliverables under the task order.

Activity B1 Santénet Project Communications Strategy

Objective: Santénet will develop a communications strategy that responds to USAID's needs.

The communications strategy is distinct from community mobilization, which is a key component of IRI that will be addressed by Santénet's BCC and IEC activities. Originally, Santénet's project communication strategy was to help promote the project's image and visibility. However, the strategy has been put on hold in light of USAID's recent branding efforts. It needs to be revised in order to make sure it adequately responds to USAID's efforts to better inform the American people of the agency's work and impacts. Santénet will also make certain that all the material it produces comply with the Graphic Standards Manual and give credit to the American people for the foreign assistance they finance.

Timing: Communications strategy revised by Q1.

Technical assistance and/or Resources: Santénet's chief of party and communication specialist will work together to revise the strategy.

Partners: Santénet will determine with USAID what all their needs are.

Outcomes/Outputs: Preliminary project communications strategy and materials/tools.

Activity B2. Santénet Success Stories

Objective: Develop success stories to be submitted to USAID.

One objective this year will be to develop as many success stories as possible to be submitted to USAID for their use.

Timing: Four success stories, one for each IR, will be included in the Annual Report 2004-2005 that will be submitted to USAID on October 30, 2005. Other success stories will be written as there are successes to report on.

Technical assistance and/or Resources: Santénet's chief of party and communication specialist will work closely with each IR team to develop these success stories.

Partners: Santénet will develop these success stories, but will make certain they are then made available to its partners, especially if the success was achieved with their contribution.

Outcomes/Outputs: Four success stories by October 30, 2005, and at least one success story for each quarter.

Activity B3. *Semi-Annual Progress Report and Annual Report*

Objective: To record and report progress to USAID to meet task order requirements that Santénét submit a semi-annual progress report (the second of which is an Annual Report).

Santénét will prepare a semi-annual and annual report to record major activities undertaken during the reporting periods. The reports will conform to the content criteria specified in the task order.

Timing: The semi-annual report will be submitted at the end of Q2, and the annual report will be submitted at the end of Q4.

Technical assistance and/or Resources: While all team members are expected to contribute content to the reports under the direction of the chief of party, the communications specialist will be responsible for compiling and finalizing the report with assistance from a home office and/or outside editor.

Partners: Partners will not be expected to directly contribute to the report, but Santénét will make copies available to partners.

Outcomes/Outputs: Semi-Annual and Annual Reports.

Activity B4. *Monthly Financial Reports*

Objective: To report project financial status to USAID and to meet task order requirements that Santénét submit monthly financial reports.

The invoices that Chemonics will submit to USAID on a monthly basis will provide the required information and serve as the monthly financial report. The invoice/report will consolidate all costs – field office, home office, and subcontractor expenses.

Timing: Submitted monthly.

Technical assistance and/or Resources: The accountant and director of finance/administration will provide input regarding locally incurred expenses. The home office and subcontractor expenses will be consolidated by the home office accounting department and reviewed by the project administrator and chief of party for accuracy prior to submission.

Outcomes/Outputs: Monthly Financial Reports.

C. Training management

While specific programmatic training interventions comprising the technical work plan are described in Chapter II, this section describes the cross-cutting management elements of implementing training within USAID participant training regulations.

Activity C1. *Project Training Plan*

Objective: To develop a plan for training to take place under Santénét in Year I.

Upon approval of this workplan, Santénét will finalize the anticipated training activities into a plan to share with USAID/Madagascar for their mission training management purposes.

Timing: Q1.

Technical assistance and/or Resources: The training administrator, Hantamalala Rakotobearison will compile the information into the format requested by USAID. The information will also be vetted with Chemonics home office International Training Department staff to ensure that adequate resources are assigned to manage the planned training.

Outcomes/Outputs: Second year training plan for Santénét.

Activity C2. *TraiNet*

Objective: To comply with USAID requirements regarding collecting and reporting training data.

The Santénét Training Administrator will use the TraiNet software and the missions' reporting requirements to input Santénét's training plan into TraiNet. As training programs are implemented, the training administrator will also input information regarding the program and participants. The home office International Training department will maintain a synchronized copy of the database for any international training.

Timing: Regular and continual input of reporting of data will occur throughout the year.

Technical assistance and/or Resources: Santénét Training Administrator and home office International Education and Training department staff.

Outcomes/Outputs: TraiNet database maintained; reports submitted on required periodic basis.

D. Santénét Fund

The Santénét project includes a special activity fund used to award grants and/or subcontracts to Malagasy and international organizations to implement the *Kôminina Mendrika* approach. In Year 2 we will continue to oversee existing awards with plans to expand the program to coincide with the KM scale-up.

Activity D1 *Management of Santénét Fund*

Objective: To effectively manage and monitor Santénét Fund activities to support project goals.

Utilizing the USAID-approved Santénét grants manual, the Santénét grants manager, together with technical staff, will monitor progress of the grantees and subcontractors and ensure timely submission of quality deliverables. The grants manager will also review invoices and receipts for grants and guarantee payment of invoices per the terms of the signed agreements.

Timing: Oversight will be on an ongoing basis; funding awards for continuing and expanding KM activities anticipated in Q3.

Technical assistance and/or Resources: The grants manager will be responsible for coordination of the Fund program under the supervision of the director of finance and administration. A financial assistant will provide administrative support as the grants and subcontracts grow in size and number

Partners: We will also confer with other small grant programs (e.g. Misonga, PMPS, etc.) to synchronize approaches as appropriate, and to incorporate lessons learned and best practices in grant management in Madagascar.

Outcomes/Outputs: Awards monitored and managed effectively, following grants manual procedures. New awards implemented in line with scale-up of KM approach.

E. Administration and operations

Santénét has a team of two professional and 19 support staff members who are assigned to provide administrative and logistical support to the project operations. These staff members will continue to be integrated into programmatic implementation so that their support functions are executed within an informed context of Santénét's objectives. In this section we acknowledge the important activities that will go into managing the administrative and financial elements.

Activity E1. Personnel Management

Objective: To ensure project staff are integrated into the team and have the resources and environment for optimal performance.

Personnel management is an ongoing activity that includes assessing the adequacy of staffing levels as well as monitoring staff performance and helping staff grow. The administration and finance section will be reorganized for some positions. We changed the Office manager position into a “logistician and procurement specialist” position. This will help to ensure adequate supervision of staff and control of resources.

Timing: New logistician/procurement specialist will be hired in Q1.

Technical assistance and/or Resources: The COP and directors will assess the adequacy of the staffing under their areas and identify training needs among the staff. The Director of Finance and Administration will be responsible for finalizing the evaluation system and staff training program parameters.

Outcomes/Outputs: Project adequately resourced, performance appraisal system and staff training/professional development.

Activity E2. Financial Management

Objective: To record and assign costs accurately and to monitor the budget.

The finance team of one professional and one support staff handles all field-related financial management activities, including managing cash flow, recording and reporting expenses to the home office on a monthly basis.

Accounting and budget monitoring is done on a monthly basis in the field for a complicated budget, four CLINs and six sources of funding.

Timing: Filed accountant audit will take place this year. Accounting and budget monitoring on a monthly basis.

Technical assistance and/or Resources: The accountant and bookkeeper make payments and account for field office expenditures under the supervision of the director of finance and administration. The administrative assistants in the regional offices manage petty cash accounts and report regional expenses to the Tana-based accountant. The home office project administrator reviews and approves local expenditures and final invoices and monitors the budget.

Outcomes/Outputs: Accounting system and budget monitor maintained.

Activity E3. Procurement and Property Management

Objective: Manage project equipment.

All equipment and furniture has been purchased. Property management system has been established.

IT network systems maintenance is also included under this category of activities. Our network manager continues to improve the computer networking system within the Santénet office and with the regional offices.

Timing: An inventory report has already been submitted and will continue to be submitted, per the terms of our contract, on an annual basis in June.

Technical assistance and/or Resources: Procurement specialist will be hired in Q1 to strengthen the administration team and to ensure that procurement rules are respected.

Outcomes/Outputs: Property management system in place and annual report submitted.

Activity E4. Home Office Project Management

Objective: To provide support to field operations and ensure quality implementation of the project.

Chemonics home office will undertake project management and backstopping support activities in accordance with corporate policies and procedures. These include subcontracts management, personnel management of the expatriate staff, recruitment and fielding of short-term consultants, and other quality assurance functions. Chemonics will also provide technical input from home office resources across sectors as planned, drawing upon home office expertise in agriculture, NRM, water management, etc.

Project director Leigh Ann Evanson will undertake one supervisory trip to the field during the course of the year (approximately two weeks in duration) to confer with the team, USAID, and other stakeholders. In addition, project manager Nathalie Albrow will take one coordination visit to the field office to coordinate with the director of finance and administration and COP on contractual and financial management.

Timing: The senior manager supervisory trip to the field may take place in conjunction with a mid-year review of the project (end of Q2). The project administrator's coordination visit is planned to take place in Q3.

Technical assistance and/or Resources: The Chemonics home office project management team consists of director Leigh Ann Evanson, manager Nathalie Albrow, and associate Lara Hensley. Technical resources are also available in a wide range of sector areas and within Chemonics many support departments.

Outcomes/Outputs: Support to field operations; delegation of authority to COP; field supervisory and coordination visits.

XI. Strategic interventions and contributions to USAID Intermediate Results in technical focus areas

Section XI consists of four tables which provide a graphic representation of how Santénet's support to FP/RH, child health, malaria prevention and treatment and HIV/AIDS/STI activities at all levels (central, local service delivery, and community/household) effectively responds to the priorities of the GOM and directly contributes to achieving USAID's Intermediate Results for health.

Table 1

Strategic interventions and contributions to USAID Intermediate Results in **Family Planning/Reproductive Health**

Strategic Interventions in FP/RH	Activities by IR			
	<i>IR1</i>	<i>IR2</i>	<i>IR3</i>	<i>IR4</i>
National level				
<i>1. Support to the FP partnership in advocacy and resources mobilization</i>				4.3.2 Support the FP Partnership 4.4.1 Assist the religious leaders' platform to support the new FP and HIV/AIDS strategy.
<i>2. Support to the standardization of Protocols, Norms, and Procedures (PNP) in the area of FP and Emergency Obstetrical and Neonatal Care (EONC)</i>			3.1.1 Support the ratification of the national RH policy and the updating of the RH standards and protocols	4.2.1 Support sharing of health information
<i>3. Support to the design, implementation, and monitoring of the Equity Fund</i>		2.3.2 Support the implementation of basic medical coverage strategy		
<i>4. Support to expanding and reinforcing the range of contraceptive methods</i>	1.1.5 Assist in making the HCMC operational 1.1.6 Contribute to the HCMC's activities 1.1.7 Contribute, to the FP communication strategy		3.3.5 Scale up SDM in the public and private sectors	4.2.1 Support sharing of health information

Strategic Interventions in FP/RH	Activities by IR			
	<i>IR1</i>	<i>IR2</i>	<i>IR3</i>	<i>IR4</i>
<i>5. Support to pre-service and in-service training (FP and EONC)</i>			3.2.10 Organize refresher courses for service providers at the practicum sites 3.2.14 Revise the emergency obstetric and neonatal care (EONC) training curriculum for hospitals 3.3.1 Ensure monitoring of action plan implementation at the	
<i>6. Support to the FP program management</i>		2.1.1 Support the logistic system for contraceptive products by improving integration with generic essential drugs 2.1.2 Support the MOH/FP in the procurement of contraceptive products		
<i>7. Support to the HCMC in the preparation and implementation of an FP communication strategy</i>				
Health Center/Service Provider level				
<i>8. Support to capacity-building in FP program management (information, finances, and products)</i>		2.1.3. Support the establishment of new FP sites in health centers		4.3.1.Help the MOH/FP Implement Activities Related to the National Contracting Policy for Health 4.4.1 Assist the religious leaders' platform to support the new FP and HIV/AIDS strategy.
<i>9. Support to improving clinical services' quality (PQI and EONC)</i>			3.2.5 Train the trainer supervisors in techniques of supportive supervision 3.2.6 Train the external supervisors of the SSD and KM partners and the internal supervisors at the practicum sites and KM CBHCs in supportive supervision. 3.2.8 Monitor trained agents (trainers and service providers)	4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data 4.2.1 Support sharing of health information

Strategic Interventions in FP/RH	Activities by IR			
	<i>IR1</i>	<i>IR2</i>	<i>IR3</i>	<i>IR4</i>
			3.3.1 Ensure monitoring of action plan implementation at the practicum sites 3.3.4 Introduce PQI in the Mendrika communes' CBHCs	
<i>10. Support to the expansion of FP services delivery points</i>		2.1.1 Support the logistic system for contraceptive products by improving integration with generic essential drugs 2.1.2 Support the MOH/FP in the procurement of contraceptive products 2.2.2 Support NGOs with FP service delivery sites in the management and procurement of contraceptive products.	Activities 3.2.1 Organize a training workshop on designing teaching programs for advanced trainers Activities 3.2.2 Update master trainers in STI and CPC/PMP 3.2.3 Update training-of-trainers candidates in IP, FP, STI, and CPC/PMP 3.2.4 Organize training-of-trainers workshops 3.2.7 Update the service providers from the KM communes' CBHCs 3.3.5 Scale up SDM in the public and private sectors	4.1.1 Aid in the Update of HMIS Management Tools 4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data 4.2.1 Support sharing of health information 4.3.1. Help the MOH/FP Implement Activities Related to the National Contracting Policy for Health 4.4.1 Assist the religious leaders' platform to support the new FP and HIV/AIDS strategy.
<i>11. Support to dispatching FP IEC/BCC materials</i>				
Community/household level				
<i>12. Expansion of the networks of contraceptive community-based distribution</i>	1.1.4 Pilot the <i>Tanàna Mendrika</i> (TM) approach in Fort Dauphin 1.2.1 Strengthen IEC/BCC capacities of KM partner NGOs' Community-based Distribution Agents (CBDAs) 1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives	2.2.1 Expand the private sector and NGO distribution networks to ensure availability of socially marketed products 2.2.2 Support NGOs with FP service delivery sites in the management and procurement of contraceptive products. 2.2.3 Support the implementation of a Workplace Initiative targeting the private sector for all areas of Santénet intervention (HIV/AIDS, FP, Malaria, Child Health)		4.4.1 Assist the religious leaders' platform to support the new FP and HIV/AIDS strategy.

Strategic Interventions in FP/RH	Activities by IR			
	<i>IR1</i>	<i>IR2</i>	<i>IR3</i>	<i>IR4</i>
13. Implementation of community mobilization activities to promote RH/FP	1.1.1 Provide assistance to partner NGOs in implementing Year 1 KM activities (81 communes) 1.1.2 Develop and test a new model for implementing KM 1.1.3 Begin implementing Year 2 KM activities (81 communes + 120 new communes) 1.2.2 Develop partnerships with private radio stations to help implementing KM activities 1.3.1 Assist ERI in the implementation of the integrated Health-Environment KM approach 1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives	2.2.3 Support the implementation of a Workplace Initiative targeting the private sector for all areas of Santénet intervention (HIV/AIDS, FP, Malaria, Child Health) 2.3.2 Support the implementation of basic medical coverage strategy		4.3.3 Facilitate partners' capacity to implement the <i>Kôminina Mendrika</i> approach 4.4.1 Assist the religious leaders' platform to support the new FP and HIV/AIDS strategy.
14. Support to establishing community-based funding mechanisms	1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives	2.2.3 Support the implementation of a Workplace Initiative targeting the private sector for all areas of Santénet intervention (HIV/AIDS, FP, Malaria, Child Health) 2.3.2 Support the implementation of basic medical coverage strategy		

Strategic Interventions in FP/RH	Activities by IR			
	IR1	IR2	IR3	IR4
<i>15. Implementation of RH/FP activities in the private sector</i>	1.1.2 Develop and test a new model for implementing KM 1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives	2.2.3 Support the implementation of a Workplace Initiative targeting the private sector for all areas of Santénet intervention (HIV/AIDS, FP, Malaria, Child Health)		4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data 4.2.1 Support sharing of health information 4.4.1 Assist the religious leaders' platform to support the new FP and HIV/AIDS strategy.

Table 2

Strategic interventions and contributions to USAID Intermediate Results in **Child Health**

Strategic Interventions in Child Health	Activities by IR			
	IR1	IR2	IR3	IR4
National level				
<i>1. Support to the dissemination and the implementation of the National Child Health Policy</i>				
<i>2. Contribution to the reinforcement of the Expanded Program on Immunization (EPI)</i>		2.1.4. Support to the implementation of Reach Every District (RED) for EPI 2.1.5 Ensure the proper function of the cold chain for EPI 2.1.6 Support the EPI data management system through the use of computerized management tools 2.1.7 Ensure adequate supervision of operations for the EPI program 2.1.13 Continue the active participation in the technical IACC for EPI program 2.3.2 Support the implementation of basic medical coverage strategy		4.1.1 Aid in the Update of HMIS Management Tools 4.1.2 Participate in Establishing the National Policy of the HMIS
<i>3. Support to effective implementation of IMCI</i>			3.1.2 Develop desired performance standards for child health	
<i>4. Adaptation and dissemination of streamlined IMCI/ENA tools to facilitate their use in health facilities</i>			3.2.11 Support the revision and duplication of IMCI and ENA teaching tools	

Strategic Interventions in Child Health	Activities by IR			
	IR1	IR2	IR3	IR4
5. <i>Support to the NNO in implementing the NNAP</i>				
6. <i>Development and launch of the Child Health Week approach</i>	1.1.8 Study the feasibility of establishing Child Health Week in Madagascar 1.1.9 Assist MOH/FP in organizing the first Child Health Week			
Health Center/Service Provider level				
7. <i>Service quality improvement in the KM communes' CBHC through IMCI implementation using the PQI approach</i>			3.3.4 Introduce PQI in the Mendrika communes' CBHCs	4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data 4.3.3 Facilitate partners' capacity to implement the <i>Kôminina Mendrika</i> approach
8. <i>Skills improvement of health workers in the KM Communes through training</i>				
9. <i>Logistics support to ensure the availability of products and services</i>		2.1.4 . Support to the implementation of Reach Every District (RED) for EPI 2.1.5 Ensure the proper function of the cold chain for EPI 2.1.7 Ensure adequate supervision of operations for the EPI program 2.3.2 Support the implementation of basic medical coverage strategy		

Strategic Interventions in Child Health	Activities by IR			
	IR1	IR2	IR3	IR4
Community/household level				
<i>10. Promotion of community ENA as part of IEC/BCC activities under the KM approach</i>				4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data 4.3.3 Facilitate partners' capacity to implement the <i>Kôminina Mendrika</i> approach
<i>11. Reinforcement of community-based service provision and product distribution (Community-based sales agents and social marketing)</i>		2.2.3 Support the implementation of a Workplace Initiative targeting the private sector for all areas of Santénet intervention (HIV/AIDS, FP, Malaria, Child Health)		4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data 4.3.3 Facilitate partners' capacity to implement the <i>Kôminina Mendrika</i> approach
<i>12. Support to establishing community-based funding mechanisms ("mutuelles")</i>				
<i>13. Intensive support to the promotion of the Child Health Week in KM Communes</i>				4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data 4.3.3 Facilitate partners' capacity to implement the <i>Kôminina Mendrika</i> approach

Strategic Interventions in Child Health	Activities by IR			
	IR1	IR2	IR3	IR4
<i>14. Implementation of child health activities in the private sector</i>				
<i>15. Support to the “Ezaka ho an’ny Kopian’ny Ankizy” (EKA) program for birth registration</i>				

Table 3

Strategic interventions and contributions to USAID Intermediate Results in **Malaria**

Strategic Interventions in Malaria	Activities by IR			
	IR1	IR2	IR3	IR4
National level				
<i>1. Introduction of a new treatment regimen</i>		2.1.9 Provide logistical support to the MOH/FP and partners to introduce the new malaria treatment protocol		
<i>2. Support to prevention activities</i>		2.1.10 Support the distribution of ITNs for pregnant women and children under five through the public health system		
<i>3. Support to national coordination efforts and the RBM partnership</i>		2.1.12 Participate in the continuing fight against malaria		4.2.1 Support sharing of health information
<i>4. Improvement of national monitoring and evaluation systems</i>	1.1.5 Assist IECSMU in making the HCMC fully operational 1.1.6 Contribute to the HCMC's activities	2.1.12 Participate in the continuing fight against malaria		4.1.2 Participate in Establishing the National HMIS Policy 4.2.1 Support sharing of health information

Health Center/Service provider level				
5. Improvement of case management quality through PQI			<p>3.2.5 Train the trainer supervisors in techniques of supportive supervision</p> <p>3.2.6 Train the external supervisors of the SSD and KM partners and the internal supervisors at the practicum sites and KM CBHCs in supportive supervision.</p> <p>3.2.8 Monitor trained agents (trainers and service providers)</p> <p>3.3.1 Ensure monitoring of action plan implementation at the practicum sites</p> <p>3.3.4 Introduce PQI in the Mendrika communes' CBHCs</p>	<p>4.1.1 Aid in the Update of HMIS Management Tools</p> <p>4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data</p> <p>4.2.1 Support sharing of health information</p> <p>4.3.1. Help the MOH/FP Implement Activities Related to the National Contracting Policy for Health</p>
6. Establishment of FPC/IPT in the KM Commune/PQI sites			<p>3.2.1 Organize a training workshop on designing teaching programs for advanced trainers</p> <p>3.2.2 Update master trainers in STI and CPC/PMP</p> <p>3.2.3 Update training-of-trainers candidates in IP, FP, STI, and CPC/PMP</p> <p>3.2.4 Organize training-of-trainers workshops</p> <p>3.2.7 Update the service providers from the KM communes' CBHCs</p> <p>3.3.5 Scale up SDM in the public and private sectors</p>	<p>4.3.1. Help the MOH/FP Implement Activities Related to the National Contracting Policy for Health</p>
7. Support to Malaria Control Unit (MCU) program management (HMIS, logistics)		<p>2.1.9 Provide logistical support to the MOH/FP and partners to introduce the new malaria treatment protocol</p> <p>2.1.10 Support the distribution of ITNs for pregnant women and children under five through the public health system</p>		<p>4.1.1 Aid in the Update of HMIS Management Tools</p> <p>4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data</p> <p>4.3.1. Help the MOH/FP Implement Activities Related to the National Contracting Policy for Health</p>

				4.1.1 Aid in the Update of HMIS Management Tools 4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data 4.2.1 Support sharing of health information 4.3.1. Help the MOH/FP Implement Activities Related to the National Contracting Policy for Health
Community/household level				
8. Expansion of community-based distribution for malaria control products	1.2.1 Strengthen IEC/BCC capacities of KM partner NGOs' Community-based Distribution Agents (CBDAs) 1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives	2.2.1 Expand the private sector and NGO distribution networks to ensure availability of socially marketed products		
9. Implementation of community mobilization activities to prevent and manage malaria	1.1.1 Provide assistance to partner NGOs in implementing Year 1 KM activities (81 communes) 1.1.2 Develop and test a new model for implementing KM 1.1.3 Begin implementing Year 2 KM activities (81 communes + 120 new communes) 1.1.4 Pilot the <i>Tanàna Mendrika</i> (TM) approach in Fort Dauphin 1.2.2 Develop partnerships with private radio stations to help implementing KM activities 1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives 1.3.1 Assist ERI in the implementation of the integrated Health-Environment KM approach			4.3.3 Facilitate partners' capacity to implement the <i>Kôminina Mendrika</i> approach

10. Support to establishing community-based funding mechanisms (“mutuelles”)	1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives	2.3.2 Support the implementation of basic medical coverage strategy		
11. Implementation of malaria activities in the private sector	1.1.2 Develop and test a new model for implementing KM 1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives	2.2.3 Support the implementation of a Workplace Initiative targeting the private sector for all areas of Santénet intervention (HIV/AIDS, FP, Malaria, Child Health) 2.3.2 Support the implementation of basic medical coverage strategy		4.1.3 Reinforce the Capacities of the Communes and CBHCs to Effectively Use Health Data

Table 4

Strategic interventions and contributions to USAID Intermediate Results in **HIV/AIDS and STIs**

Strategic Interventions in HIV/AIDS and STIs	Activities by IR			
	IR1	IR2	IR3	IR4
National level				
1. <i>Reinforcement and expansion of the Ankoay approach</i>	1.1.11 Provide assistance to the implementation of the Ankoay project, Phase II 1.1.12 Implement an Ankoay II project targeted for young sportsmen and sportswomen			4.4.1 Assist the religious leaders' platform to support the new FP and HIV/AIDS strategy.
2. <i>Support to ES/NACCs' activities</i>	1.1.10 Contribute to ES/NACC's activity of training 150 radio hosts			4.3.4 Help the ES/NACC organize thematic working groups
3. <i>Training of radio hosts</i>				
4. <i>Dissemination of STI guides</i>		2.1.11 Support the implementation of the condom programming strategy		4.3.5 Monitor the application of the STI guide
5. <i>Continued support to the condom programming strategy</i>		2.1.11 Support the implementation of the condom programming strategy		

6. <i>Development of a standardized peer education curriculum</i>	1.1.11 Provide assistance to the implementation of the Ankoay project, Phase II 1.1.12 Implement an Ankoay II project targeted for young sportsmen and sportswomen			
7. <i>Participation of religious leaders in the fight against HIV/AIDS</i>				
8. <i>Evaluation of International HIV/AIDS Alliance's STI guide</i>				4.3.5 Monitor the application of the STI guide
Health center/Service provider level				
9. <i>Improvement of service quality through the PQI approach in KM communes</i>		2.3.2 Support the implementation of basic medical coverage strategy	3.3.1 Ensure monitoring of action plan implementation at the practicum sites 3.3.3 Conduct PQI monitoring visits	
10. <i>Tracking of the national indicator for quality STI management at the CBHC level</i>			3.3.4 Introduce PQI in the Mendrika communes' CBHCs	

11. <i>Increased access to prevention methods through community-based distribution network</i>	1.2.1 Strengthen IEC/BCC capacities of KM partner NGOs' Community-based Distribution Agents (CBDAs)	2.1.11 Support the implementation of the condom programming strategy 2.2.1 Expand the private sector and NGO distribution networks to ensure availability of socially marketed products		
Community/household level				
12. <i>Increase in knowledge of STI/HIV prevention means in the KM Communes</i>				
13. <i>Support to a response to HIV/AIDS in the workplace</i>	1.2.3 Contribute to the IEC/BCC component of the Workplace Initiatives	2.1.11 Support the implementation of the condom programming strategy 2.2.3 Support the implementation of a Workplace Initiative targeting the private sector for all areas of Santénet intervention (HIV/AIDS, FP, Malaria, Child Health)		

XII. Annexes

September 2005



Gantt Chart Santénet Annual Workplan 2005 – 2006

LEGENDE

COP - Directeur de Projet
 DCOP - Directeur de Projet Adjoint
 BCC - Spécialiste Mobilisation Communautaire
 IEC - Spécialiste IEC / CCC
 COMM - Spécialiste Communication
 SD - Directeur des Programmes
 HS-A - Spécialiste Accès aux Prestations de Services de Santé
 HS-L - Spécialiste Système de Gestion en Logistique Santé

PS - Spécialiste Secteur Privé
 SHMS - Spécialiste Renforcement du Système de Gestion pour la Santé
 TC - Directeur des Programmes Technique et Clinique
 PRES - Spécialiste de la Formation Initiale
 INS - Spécialiste de la Formation Continue
 PQI - Spécialiste Amélioration de la Performance et de la Qualité
 OD - Spécialiste Développement Organisationnel
 ODM - Manager Développement Organisationnel

RHPM - Coordinateur Programmes Régionaux
 M&E - Spécialiste Suivi Evaluation
 HIV - Spécialiste VIH/SIDA

Activités				Q1			Q2			Q3			Q4			Point focal Santénet	Partenaire(s) Clé(s)	Indicateur(s) de résultat	
				O	N	D	J	F	M	A	M	J	J	A	S				
IR 1 – Augmenter la demande pour les services et produits prioritaires de santé																			
IR1.1 Améliorer la mobilisation communautaire et l’IEC / CCC pour les services et produits prioritaires de santé																			
1.1.1	Assister les ONG partenaires dans la mise en œuvre des activités KM Année I														RHPM	Voahary Salama et les 11 ONG partenaires de mise en oeuvre	# 6		
1.1.2	Développer et tester un nouveau modèle de mise en œuvre KM														BCC	VS, 11 ONG partenaires KM	# 6		
1.1.3	Initier la mise en œuvre des activités KM Année II														RHPM	VS, ONG partenaires KM (TBD)	# 6		
1.1.4	Développer et initier l'approche pilote « Tanàna Mendrika » dans la ville de Ft. Dauphin														BCC	CARE	#6		
1.1.5	Appuyer le SIECMS dans le fonctionnement du CCMS														IEC	SIECMS	# 7		
1.1.6	Appuyer le SIECMS dans la mise en œuvre des activités relatives aux TDR du CCMS														IEC	CCMS	# 7		
1.1.7	Appuyer le Sous-comité Santé Familiale dans l’élaboration et la mise en œuvre de la stratégie de communication PF														IEC	DSF, SIECMS, FNUAP, Sous-comité Santé Familiale	# 1, # 7		
1.1.8	Plaidoyer auprès du MinSanPF et des partenaires pour établir la Semaine de la Santé de l'Enfant														IEC	Minsan PF, l'UNICEF et les partenaires	# 2, # 3, #5, # 6		
1.1.9	Appuyer le MinSanPF dans l'organisation de la première Semaine de la Santé de l'Enfant														IEC	Minsan PF, l'UNICEF et les partenaires	# 2, # 3, #5, # 6		
1.1.10	Appuyer le SE/CNLS dans la réalisation de la formation de 150 animateurs radio														HIV	SE/CNLS	#6, #8		
1.1.11	Assurer la réalisation du projet Ankoay phase II														HIV	HCP	#4		
1.1.12	Réaliser un projet Ankoay II avec les jeunes sportifs														HIV	HCP	#4		
IR 1.2 Impliquer le secteur privé dans la promotion de la santé																			
1.2.1	Renforcer les capacités en IEC/CCC des AVBC des ONG partenaires KM														IEC	PSI	#6 , #8, #11, #12		

1.2.2	Développer le partenariat avec des stations radio privées pour soutenir la mise en œuvre des activités KM							BCC	Stations radio locales	#6	
1.2.3	Appuyer le volet IEC/CCC des Workplace Initiatives							RHPM	Entreprises privées au niveau des communes	#6	
IR 1.3 Augmenter la demande dans les zones vulnérables de biodiversité											
1.3.1	Collaborer avec ERI pour la mise en œuvre de l'approche KM Intégrée Santé-Environnement							RHPM	VS, ERI	#8	
IR 2 – Augmenter la disponibilité des produits et services prioritaires de santé											
IR 2.1 Améliorer le système logistique du secteur public											
2.1.1	Appuyer la logistique des produits contraceptifs en améliorant l'intégration avec les médicaments essentiels génériques pour une meilleure disponibilité							HS-L	MinSanPF	#1, #9	
2.1.2	Appuyer le MinSan/PF dans l'approvisionnement en produits contraceptifs							SHMS	MinSanPF	#1, #9	
2.1.3	Appuyer la mise en place des sites PF au niveau des centres de santé non encore pourvus							HS-L	MinSanPF	#1	
2.1.4	Appuyer la mise en œuvre de l'ACD pour le Programme Elargi de Vaccination							HS-A	MinSanPF	#2	
2.1.5	Assurer le bon fonctionnement de la Chaîne de froid du PEV							HS-A	MinSanPF	#2, #10	
2.1.6	Poursuivre la mise en place du système de gestion des données PEV par l'utilisation d'outils de gestion informatisée							HS-A	MinSanPF	#2	
2.1.7	Assurer la supervision des opérations de programme PEV							HS-A	MinSanPF	#2	
2.1.8	Participer aux campagnes de vitamine A et supplémentation en fer							ODM	MinSanPF	#3	
2.1.9	Appuyer le MinSan/PF et les partenaires sur la logistique de la mise en oeuvre de l'introduction de la nouvelle molécule de prise en charge des cas de paludisme							PS	MinSanPF	#11	
2.1.10	Appuyer la distribution des MII destinées aux femmes enceintes et enfants moins de cinq ans au niveau des centres de santé publics							PS	MinSanPF	#11	
2.1.11	Appui a la mise en œuvre de la stratégie relative au condom programming							HS-L	SE/CNLS	#4	
2.1.12	Participer au renforcement de la lutte contre le paludisme							PS	MinSanPF	#16, #18	
2.1.13	Poursuivre la participation active au CCIA technique et senior du PEV							SD	MinSanPF	#2, #10	
IR 2.2 Étendre le réseau de grossistes et de détaillants des produits de marketing social											
2.2.1	Elargir le circuit de distribution Privé et ONG pour la disponibilité des produits de marketing social							PS	PSI	#12	
2.2.2	Appuyer les ONGs ayant des sites PF dans la gestion de l'approvisionnement des produits contraceptifs							SHMS	MinSanPF	#1	
2.2.3	Appuyer le secteur privé dans la mise en place de Workplace Initiative sur les différents domaines d'intervention de SantéNet (VIH/SIDA, PF, Paludisme, SE)							PS	OSIE, PSI, SE/CNLS, GTZ, E	#12	

IR 2.3 Augmenter la disponibilité des services pour les populations éloignées													
2.3.1	Elargir le circuit de distribution Privé et ONG pour la disponibilité des produits de marketing social pour les population éloignées									PS	PSI/MinSan/PF	#12	
2.3.2	Appuyer la mise en œuvre de la stratégie de couverture médicale de base									SD	MinSanPF	#13	
IR 2.4 Améliorer la valeur nutritionnelle des produits agricoles													
2.4.1	Entreprendre une étude de faisabilité pour l'introduction de « orange flesh sweet potato » dans les communes KM									PS	ERI, CARE	#3	
IR 2.5 Améliorer la gestion de l'eau pour l'agriculture et les ménages													
2.5.1	Improve the environmental hygiene and sanitation component (including promotion of the Sur'Eau) through an integrated plan of action									PS	MinSanPF	#12	
IR 3 – Amélioration de la qualité des services prioritaires de santé													
IR 3.1: Améliorer/ Renforcer les Politiques, Normes et Protocoles des services de santé des secteurs public et privé													
3.1.1	Donner un appui à la validation de la politique nationale de SR et à l'actualisation des Normes et Protocoles en SR									TC	Min San PF, UNFPA, OMS, UNICEF	# 16	
3.1.2	Développer les standards de Performance désirés en santé de l'enfant									TC	Min San PF, UNFPA, OMS, UNICEF	# 18	
IR 3.2 Renforcer les capacités des prestataires à fournir des services de santé de qualité													
A. Formation Continue													
3.2.1	Organiser un atelier de formation sur les « Compétences en Conception de Programmes Pédagogiques » pour les Formateurs avancés									INS	JHPIEGO	# 17	
3.2.2	Mettre à jour en IST et SPF/Prévention du paludisme pendant la grossesse pour les formateurs avancés									INS	Min San PF, JHPIEGO	#18	
3.2.3	Mettre à jour les candidats à la formation des formateurs en PI, PF, IST, et SPF/PPG									INS	Min San PF, JHPIEGO	#18	
3.2.4	Organiser un atelier de FDF pour les candidats formateurs									INS	Min San PF, JHPIEGO	#18, #19	
3.2.5	Former les superviseurs formateurs en « Technique de Supervision Facilitant »									INS	Min San PF, JHPIEGO	#18, #19	
3.2.6	Former les superviseurs externes des SSD et ceux des partenaires KM et les superviseurs internes des sites de stage et CSBs des KM en « Technique de Supervision Facilitant »									INS	JHPIEGO	# 19	
3.2.7	Mettre à jour les prestataires des CSBs des Kominina Mendrika									INS	Min San PF	# 19	
3.2.8	Effectuer le suivi des agents formés (Formateurs et Prestataires)									INS	Min San PF	# 19	

B. Formation Initiale																
3.2.9	Achat de matériels pédagogiques pour les sites de stage pour appuyer l'encadrement des étudiants et fourniture de documents didactiques disponibles en français												PRES		# 18	
3.2.10	Organiser des sessions de mise à jour des prestataires des sites de stage												PRES	Fac Méd, IFP	# 18	
3.2.11	Appuyer la révision et la multiplication des outils pédagogiques PCIME et AEN												PRES	Fac Méd, IFP	# 17	
3.2.12	Former en Compétences d'Enseignement Efficace les encadreurs, moniteurs et enseignants des IFP et de la faculté de médecine en PCIME												PRES	JHPIEGO	# 18	
3.2.13	Former en FDF les Moniteurs et Encadreurs sur les AEN												PRES	Min San PF	# 18	
3.2.14	Réviser le curriculum de formation en SONU pour les Hôpitaux												PRES	Min San PF, UNFPA, OMS	# 17	
3.2.15	Effectuer le suivi des agents formés (Formateurs et Prestataires												PRES	Min San PF, Fac Méd, IFP	# 18	
IR 3.3 Introduire des modèles opérationnels d'assurance qualité																
3.3.1	Assurer le suivi de l'exécution des plans d'actions dans les sites de stage												INS/PRES	Min San PF, Fac Méd, IFP	# 18	
3.3.2	Fournir des machines à fabriquer le chlore aux 4 CHR de Tamatave, Tuléar, Fianarantsoa et CHU de Befelatanana												COP/TC		# 18	
3.3.3	Visites de suivi APQ par l'équipe JHPIEGO												TC		# 18	
3.3.4	Introduire l'APQ dans les CSBs des Communes Mendrika												PQI	Min San PF, ONG partenaires	# 19	
3.3.5	Etendre la méthode MJF dans le secteur public et privé												INS	Min San PF, UNFPA, Georgetown University	# 1	
IR 4 – Améliorer la capacité institutionnelle pour la mise en oeuvre et l'évaluation des programmes																
IR 4.1 Améliorer la collecte et l'utilisation de données pour la prise de décisions																
4.1.1	Appuyer la mise à jour des outils de gestion du SIG												OD	Min San PF	#20	
4.1.2	Participer à l'élaboration de la Politique Nationale du SIS												ODM	Min San PF	#20, #21	
4.1.3	Appuyer le renforcement des capacités des communes et CSB pour une meilleure utilisation des données sanitaires												OD	Min San PF	#21	
IR 4.2 Elargir l'accès aux informations sanitaires																
4.2.1	Appuyer le partage des informations sanitaires												ODM	Min San PF	#20, #21	

IR 4.3 Améliorer la capacité des ONGs à mettre en oeuvre des programmes de santé													
4.3.1	Appuyer le Min SanPF dans la mise en œuvre des activités relatives à la politique nationale de contractualisation									ODM	Min San PF	#6	
4.3.2	Appuyer le partenariat PF									ODM	Min San PF	#1	
4.3.3	Faciliter la capacité des partenaires dans la mise en œuvre de l'approche Kôminina Mendrika									ODM	TRG/Min San PF	#6, #8	
4.3.4	Appuyer le SE/CNLS dans l'organisation des fora thématiques									HIV	Min San PF / SE/CNLS	#4, #13, #15	
4.3.5	Effectuer le suivi de l'application du guide IST, en collaboration avec le SE/CNLS ainsi que le secteur public									ODM	SE/CNLS	#4, #13,#15	
IR 4.4 Renforcer la capacité de la société civile de plaider en faveur de la santé publique													
4.4.1	Appuyer le réseau des organisations confessionnelles dans la mise en œuvre d'un programme de soutien à la nouvelle stratégie PF et VIH/SIDA									ODM	SE/CNLS	#1, #13	

Santénét Kôminina Mendrika Communes for Year-1 Implementation

PROVINCE	NB. DE COMMUNES	REGION	DISTRICT	COMMUNES	POPULATION	NOM ONG	ETOILE BLEUE	ETOILE VERTE	ETOILE JAUNE	ETOILE BLANCHE
Note : étoile bleue = santé ; étoile verte = environnement ; étoile jaune = développement économique ; étoile blanche = bonne gouvernance										
ANTANANARIVO	4	ANALAMANGA	MANJAKANDRIANA	Ambanitsena	7 034	SAF/ FJKM	●			
		VAKINANKARATRA	AVARADRANO	Anjeva	7 573	SAF/ FJKM	●			
			AMBATOLAMPY	Tsiafajavona	16 735	SAF/ FJKM	●			
			BETAFO	Mandoto	6 085	ASOS CENTRAL	●			
TOAMASINA	34	ALAOTRA MANGORO	AMBATONDRAZAKA	Antanandava	9 952	MATEZA	●			
				Manakambahiny Est	7 157	MATEZA	●			
				Amparihintsokatra	8 410	ERI/MATEZA	●	●		
				Ilafy	14 592	SAF/FJKM	●			
		MORAMANGA		Morarano -Gare	12 150	ERI /ASOS Central	●	●		
				Andasibe	12 484	SAF/ FJKM	●			
				Ambatovola	10 428	SAF/ FJKM	●			
				Beforona	12325	SAF/ FJKM	●			
				Ambohidronono	7 983	ADRA	●			
				Belavabary	7 859	ADRA	●			
				Amboasary	13 733	ADRA	●			
				Vodirina	6 896	ADRA	●			
				Ampasimpotsy Gara	8 654	ADRA	●			
				Anosibe Ifody	3 000	ADRA	●			
				Antanandava	6 752	ADRA	●			
				ANOSIBE AN' ĀLA	22 783	ADRA	●			
		ANALANJIROFO	FENERIVE EST	Vohilengo	21 241	CARE	●			
				Ampasina Maningory	33 114	CARE	●			
				Ampasimbe Manasatrana	27 573	CARE	●			
			VAVATENINA	Ambodimangavalo	10 661	MATEZA	●			
		ATSINANANA	TOAMASINA II	Antetezambaro	19 023	SAF/ FJKM	●			
				Ambodilazana	21 125	ERI/ASOS CENTRAL	●	●		
				Andranobolaha	10 675	ERI/ASOS CENTRAL	●	●		
		BRICKAVILLE		Brickaville	23 932	ASOS CENTRAL	●			
				Mahatsara	22 560	ASOS CENTRAL	●			
				Ranomafana	14 152	ASOS CENTRAL	●			

				Anivorano -Est	8 698	ERI/ASOS CENTRAL	●	●					
			ANTANAMBAO MANAMPOTSY	Mahela	9 749	CARE	●						
			MAHANORO	Masomeloka	32 967	CARE	●						
				Betsizaraina	27 531	CARE	●						
				Tsaravinany	19 451	CARE	●						
				Ambodihara	20 217	CARE	●						
			VATOMANDRY	Tsivangiana	16 883	CARE	●						
				Amboditavolo	6 516	CARE	●						
			FIANARANTSOA	23	AMORON'I MANIA	AMBOSITRA	Marosoa	4 097	SAF/ FJKM	●			
					HAUTE MAHATSIATRA	AMBALAVAO	Vohitsaoka	10 240	TANINTSIKA	●			
Sendrisoa	11 551	TANINTSIKA / ERI					●	●					
Miarinarivo	10 240	TANINTSIKA ERI					●	●					
FIANARANTSOA II	Sahambavy	17 499				SALFA	●						
	Ambalakely	11 821			SALFA	●							
	Talata Ampano	15 779			SALFA	●							
	Androy	8 431			SALFA	●							
VATOVAVY FITOVINANY	MANAKARA	Ambila			18 629	ASOS CENTRAL	●						
	IFANADIANA	Kelilalina			8 421	CRS	●						
		Ifanadiana			16 191	CRS	●						
		Antaretra			5 757	AINGA	●						
		Tsaratanana			18 622	AINGA	●						
						Ambohimiera	13 365	AINGA	●				
						Ranomafana	9 204	AINGA / ERI	●	●			
			IKONGO	Ikongo	28 841	MICET/ERI	●	●					
				Tolongoina	14 260	MICET/ERI	●	●					
			MANANJARY	Mahatsara-Sud	5 235	CRS	●						
				Tsaravary	5 621	CRS	●						
				Andonabe	3 958	CRS	●						
				Anosimparihy	5 167	CRS	●						
				Tsiatosika	11 588	CRS	●						
				Antsenavolo	15 693	CRS	●						

TOLIARA	20	ANOSY	AMBOASARY SUD	Tanandava	15 598	ASOS SUD	●			●
			FORT- DAUPHIN	Ifarantsa	10 250	ASOS SUD	●			●
				Ranopiso	9 813	ASOS SUD	●			●
				Manambaro	18 024	ASOS SUD	●			●
				Ankaramena	14 503	ASOS SUD	●			●
				Ankariera	3 360	ASOS SUD	●			●
				Fort-Dauphin-ville	115 000	CARE Zone Sud	●			
		ATSIMO ANDREFANA	BETIOKY ATSIMO	Ambatry	12 278	MCDI	●			
				Belamoty	13 944	MCDI	●			
				Amkazomanga	3 866	MCDI	●			
				Bezaha	15 956	MCDI	●			
			SAKARAHHA	Mahaboboka	7 460	MCDI	●			
				Vineta	6 662	MCDI	●			
			TULEARII	Beheloka	11 649	ASOS SUD	●			
				Maromiandra	7 260	MCDI	●			
				St Augustin	8 901	MCDI	●			
				Ambohimahavelona	12 722	MCDI	●			
				Andranovory	12 607	MCDI	●			
			AMPANIHY	Itampolo	18 648	ASOS SUD	●			
		MENABE	MORONDAVA	Bemanonga	27 515	ASOS CENTRAL	●			
TOTAL	81	11	28	81	1 164 879	13				

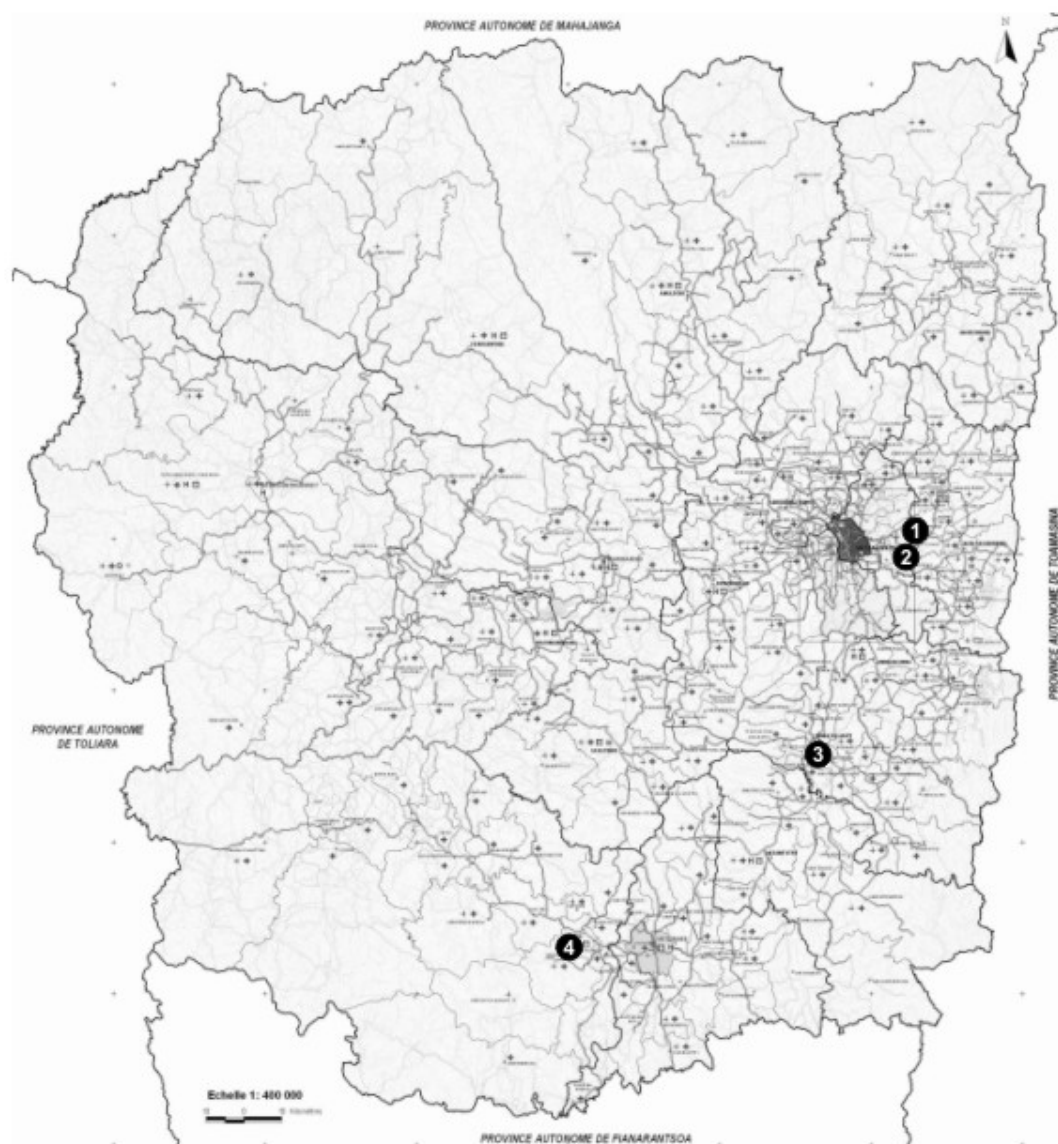
Santénet Kôminina Mendrika

Communes for Year-1 Implementation

Province of Antananarivo



1. Ambanitsena
2. Anjeva
3. Tsiafajavona
4. Mandoto



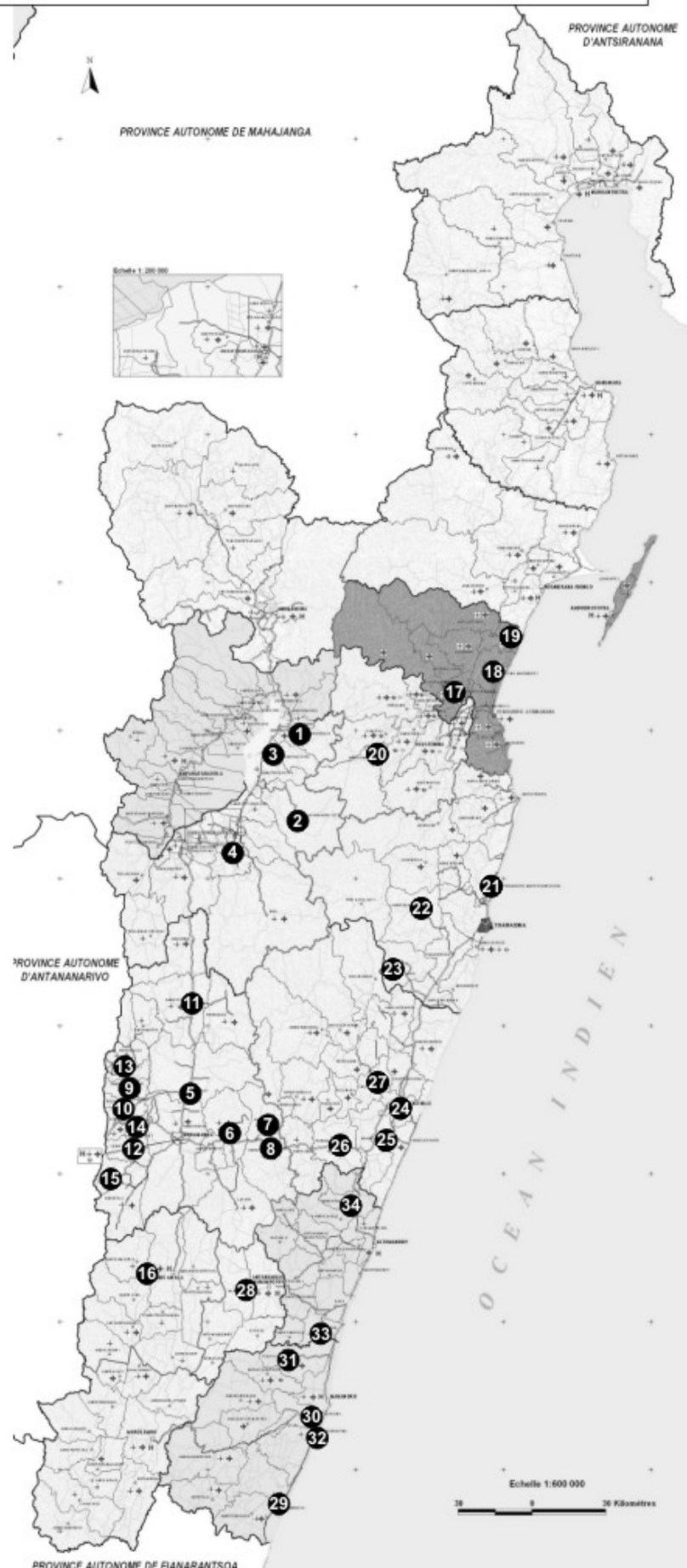
Santénét Kôminina Mendrika

Communes for Year-1 Implementation

Province of Toamasina



1. Antanandava
2. Manakambahiny Est
3. Amparihintsokatra
4. Ilafy
5. Morarano -Gare
6. Andasibe
7. Ambatovola
8. Beforona
9. Ambohidronono
10. Belavabary
11. Amboasary
12. Vodirina
13. Ampasimpotsy Gara
14. Anosibe Ifody
15. Antanandava
16. Anosibe An' Ála
17. Vohilengo
18. Ampasina Maningory
19. Ampasimbe Manasatrana
20. Ambodimangavalo
21. Antetezambaro
22. Ambodilazana
23. Andranobolaha
24. Brickaville
25. Mahatsara
26. Ranomafana
27. Anivorano -Est
28. Mahela
29. Masomeloka
30. Betsizaraina
31. Tsaravinany
32. Ambodihara
33. Tsivangiana
34. Amboditavolo



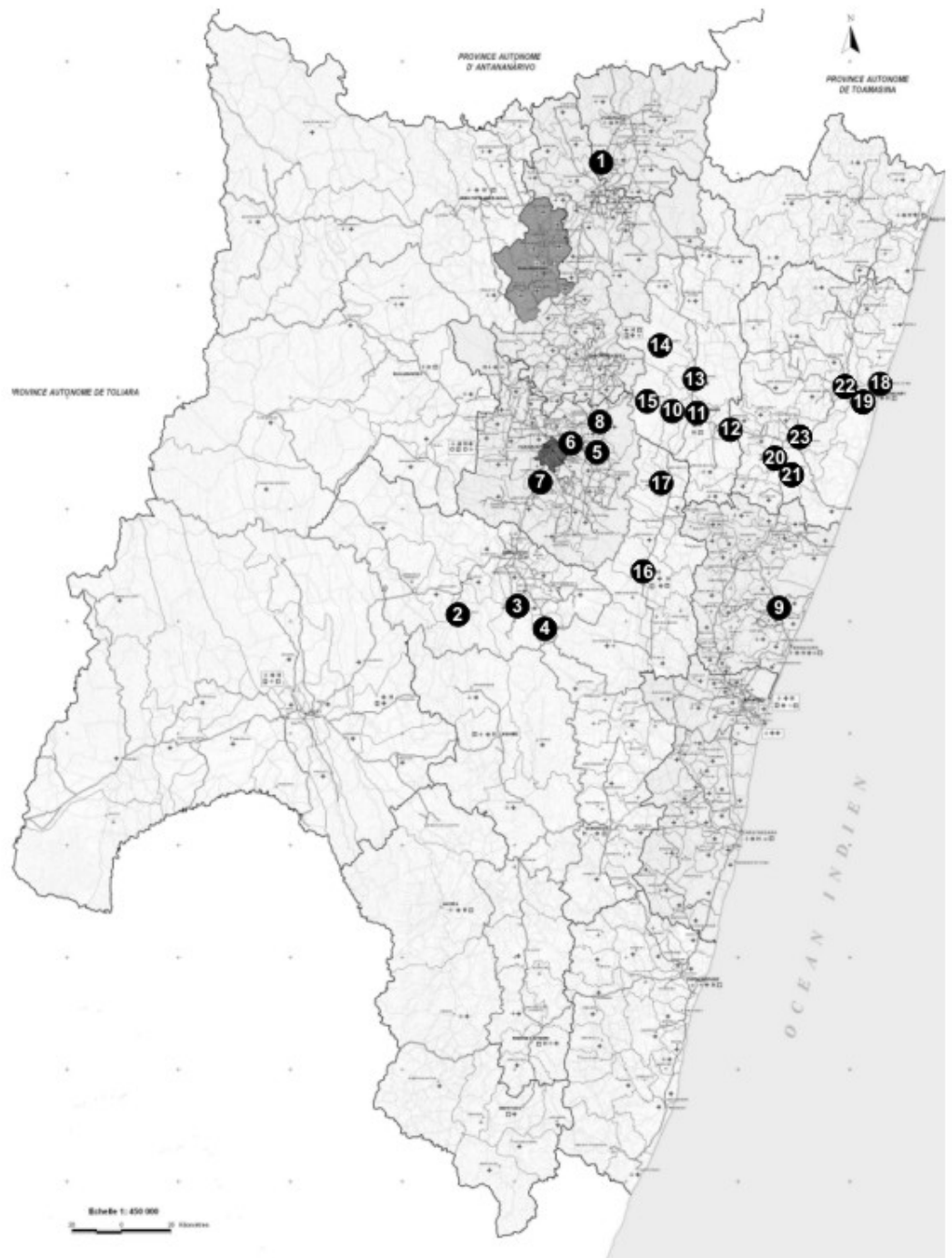
Santénet Kôminina Mendrika

Communes for Year-1 Implementation

Province of Fianarantsoa



1. Marosoa
2. Vohitsaoka
3. Sendrisoa
4. Miarinarivo
5. Sahambavy
6. Ambalakely
7. Talata Ampano
8. Androy
9. Ambila
10. Kelilalina
11. Ifanadiana
12. Antaretra
13. Tsaratanana
14. Ambohimiera
15. Ranomafana
16. Ikongo
17. Tolongoina
18. Mahatsara-Sud
19. Tsaravary
20. Andonabe
21. Anosimparihy
22. Tsiatosika
23. Antsenavolo



Santénét Kôminina Mendrika

Communes for Year-1 Implementation

Province of Toliara



1. Tanandava
2. Ifarantsa
3. Ranopiso
4. Manambaro
5. Ankaramena
6. Ankariera
7. Fort-Dauphin-ville
8. Ambatry
9. Belamoty
10. Amkazomanga
11. Bezaha
12. Mahaboboka
13. Vineta
14. Beheloka
15. Maromiandra
16. St Augustin
17. Ambohimahavelona
18. Andranovory
19. Itampolo
20. Bemanonga

